

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 040 ***150.00

DOCUMENT # P02000117961

1. Entity Name
NA APPAREL TRADING, INC.



Principal Place of Business
**9978 NOB HILL PLACE
9978 BLDG # 20
SUNRISE, FL 33351**

Mailing Address
**9978 NOB HILL PLACE
9978 BLDG # 20
SUNRISE, FL 33351**

40047932



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

56-2302276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IGNACIO, DE JESUS PENA A
13450 W SUNRISE BLVD STE 350
SUNRISE, FL 33323**

Name **IGNACIO DE JESUS PENA**

Street Address (P.O. Box Number is Not Acceptable)
9978 NOB Hill Place Bldg 20 # 9978

City **SUNRISE**

FL

Zip Code
33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P AMIN, NAZLY** ☐ Delete
STREET ADDRESS **1155 BRICKELL BAY DRIVE**
CITY - ST - ZIP **MIAMI, FL 33131**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08

Date

(754) 234-56-06

Daytime Phone #