2007 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P03000003891 1. Entity Name LEILA TRADING CORPORATION Mailing Address Principal Place of Business 8031 N.W. 169TH TERRACE 8031 N.W. 169TH TERRACE MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 CR2E034 (11/05) 04192007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 81-1620610 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUTIERREZ, JUAN 8031 N.W. 169TH TERRACE MIAMI LAKES, FL 33016 IN THIS SPACE 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 aistered agent. ENT ENVE JUMU SIGNATURE (NOTE: Registered Agent signature required when reinstating) g and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE GUTIERREZ, JUAN NAME 8031 N.W. 169TH TERRACE STREET ADORESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE U00000722062 NAME 05/02/07-80016-012 150.00 STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 supplied ental 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 n an address, with all other like empowered. changed, or on an attachment v

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> OUTIEMMEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #