## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000017135

Entity Name: CW TRADING PROFESSIONAL CORPORATION

FILED Apr 28, 2007 Secretary of State

Current P	rincipal Plac	ce of Business:	New Prin	New Principal Place of Business:		
12950 SW 128 STREET				111801 SW 144 COURT		
#4 MIAMI, FL	33186		3 MIAMI, FL	33186		
Current M	lailing Addr	ess:	New Mail	New Mailing Address:		
12950 SW 128 STREET #4				11801 SW 144 COURT 3		
MIAMI, FL	33186		МІАМІ, FL	33186		
FEI Number	: 56-2377438	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and	d Address of N	lew Registered Agent:	
PRATS, GABRIEL 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134 US				PRATS FERNANDEZ & CO 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134 US		
	named entity e of Florida.	y submits this statement for the p	urpose of changing	its registered o	ffice or registered agent, or both,	
SIGNATURE: PRATS FERNANDEZ & CO				04/28/2007		
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financi	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( OLIVEIRA, AI 13306 SW 1 <sup>2</sup> MIAMI, FL 33	44 TERR	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ANDRADE, E	28 STREET #4	Title: Name: Address: City-St-Zip:	DVS (X) ANDRADE, EDS 11801 SW 144 MIAMI, FL 331	COURT 3	
Title: Name: Address: City-St-Zip:	DT ( CAMPOS, AE 13306 SW 14 MIAMI, FL 33	14 TERRACE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVEIRA ALFREDO G DP 04/28/2007