

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000134836 1. Entity Name AMERICAN TRADE GROUP, INC.	
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Principal Place of Business 3825 HENDERSON BOULEVARD SUITE 100 TAMPA, FL 33629 US	Mailing Address P.O. BOX 18404 TAMPA, FL 33679
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2420322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REIBER, SAM I
3825 HENDERSON BOULEVARD
TAMPA, FL 33629**

**DO NOT WRITE
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 registered agent.

SIGNATURE: _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IDRISSI, SAMIR 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JACOBSON, MELVIN S 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JACOBSON, MELVIN S 3825 HENDERSON BOULEVARD, SUITE 100 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/08-80053-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *M S Jacobson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 4/25/08 Daytime Phone #: 813-876-3131