


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90027 038 \*\*\*150.00

<b>DOCUMENT # P04000019675</b> 1. Entity Name <b>WORLD TRADE MANUFACTURING CORP</b>			
Principal Place of Business <b>9389 N.W. 13TH STREET MIAMI, FL 33172 US</b>		Mailing Address <b>8580 SW 212 ST SUITE 308 MIAMI, FL 33189 US</b>	
2. Principal Place of Business - No P.O. Box # <b>20950 SW 87 Ave #202</b>		3. Mailing Address <b>20950 SW 87 Ave</b>	
Suite, Apt. #, etc. <b>#202</b>		Suite, Apt. #, etc. <b>#202</b>	
City & State <b>Miami FL 33189</b>		City & State <b>Miami FL</b>	
Zip <b>33189</b>		Zip <b>33189</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>32-0106077</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MALDONADO, MONICA A 17255 S.W. 95TH AVENUE K-130 MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name <b>Maldonado Monica A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20950 SW 87 Ave #202</b> City <b>Miami FL</b> Zip Code <b>33189</b>	
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 <b>X. Monica A. Maldonado</b> Pres. <b>Monica Maldonado</b> 3/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P MALDONADO, MONICA A 8580 SW 212 ST APT 308 MIAMI, FL 33189</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Maldonado Monica A. 20950 SW 87 Ave #202 Miami, FL 33189</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>X. Monica A. Maldonado</b> Pres. <b>Monica Maldonado</b> 3/7/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			