



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90017 041 \*\*\*150.00

<b>DOCUMENT # P04000019675</b> 1. Entity Name <b>WORLD TRADE MANUFACTURING CORP</b>					
Principal Place of Business <b>20950 SW 87TH AVE. 202 MIAMI, FL 33189 US</b>			Mailing Address <b>20950 SW 87TH AVE. 202 MIAMI, FL 33189 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		<div style="text-align: center;">4002000-</div>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>03012008 Chg-P</span> <span>CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>4. FEI Number <b>32-0106077</b></span> <span>Applied For Not Applicable</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>5. Certificate of Status Desired <input type="checkbox"/></span> <span><b>\$8.75 Additional Fee Required</b></span> </div>	
6. Name and Address of Current Registered Agent  <b>MALDONADO, MONICA A 20950 SW 87TH AVE. 202 MIAMI, FL 33189</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 <i>X</i> <u><i>Monica A. Maldonado</i></u> <span style="float: right;"><u>03/09/08</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MALDONADO, MONICA A 20950 SW 87TH AVE., 202 MIAMI, FL 33189</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>X</i> <u><i>Monica A. Maldonado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <u>3/9/08</u>  <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>		