2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052456

Entity Name: MATION TRADING CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
1300 BRICKELL AVENUE MIAMI, FL 33131	

Current Mailing Address:	**New Mailing Address:**
1300 BRICKELL AVENUE MIAMI, FL 33131	

FEI Number: 20-1314964   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SANCHEZ, MILAGROS 1300 BRICKELL AVENUE MIAMI, FL 33131 US	SUAREZ, MARIANELA 1300 BRICKELL AVENUE MIAMI, FL 33131 US

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.

SIGNATURE: MARIANELA SUAREZ _____ 02/19/2008
_____Electronic Signature of Registered Agent_____Date_____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D ( ) Delete Name: LORENZI, RIGO Address: 1300 BRICKELL AVENUE City-St-Zip: MIAMI, FL 33131 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: DE LORENZI, NADIA Address: 1300 BRICKELL AVE City-St-Zip: MIAMI, FL 33131 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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: RIGO LORENZI _____D_____ 02/19/2008
_____Electronic Signature of Signing Officer or Director_____Date_____