2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000108360 1. Entity Name ADVANTAGE TRADING, INC. Principal Place of Business Mailing Address 13540 SW 105 AVE. 13540 SW 105 AVE. MIAMI, FL 33176 MIAMI, FL 33176 01302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4558436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, MICHAEL DO NOT WRITE 10126 W. FLAGLER ST. MIAMI, FL 33174 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FRE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DELGADO, JOSE L NAME STREET ADDRESS 13540 SW 105 AVE. MIAMI, FL 33176 CITY-ST-ZIP 000000617275 02/07/07-80068-012 150.00 TITLE VD NAME DELGADO, MICHAEL J 13540 SW 105 AVE. STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP TITLE DELGADO, ALEIDA NAME 13540 SW 105 AVE. STREET ADDRESS DO NOT WRITE MIAMI, FL 33176 CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 truetee 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 properties the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED