


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-18-2005 90044 018 ***558.75

DOCUMENT # P04000144704	
1. Entity Name ALDERTON TRADING CORPORATION	

Principal Place of Business 104 CRANDON BLVD., SUITE 406 KEY BISCAYNE, FL 33149	Mailing Address 104 CRANDON BLVD., SUITE 406 KEY BISCAYNE, FL 33149
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06302005 Chg-P CR2E034 (10/03)

4. FEI Number 14-1916969	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, OCTAVIO J 201 CRANDON BLVD., SUITE 240 KEY BISCAYNE, FL 33187	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) **DATE** _____

FILE NOW!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NASTARI, MARIO J		NAME	
STREET ADDRESS 104 CRANDON BLVD., SUITE 406		STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE, FL 33149		CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE NASTARI, LINDA DAMARY T		NAME	
STREET ADDRESS 104 CRANDON BLVD., SUITE 406		STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE, FL 33149		CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NASTARI-TORRES, LORENA		NAME	
STREET ADDRESS 104 CRANDON BLVD., SUITE 406		STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE, FL 33149		CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NASTARI-TORRES, EZEQUIEL		NAME	
STREET ADDRESS 104 CRANDON BLVD., SUITE 406		STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE, FL 33149		CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NASTARI-TORRES, SEBASTIAN		NAME	
STREET ADDRESS 104 CRANDON BLVD., SUITE 406		STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE, FL 33149		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, or all other like empowered.

SIGNATURE: _____ **DATE:** 7/13/05 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1:21:11



ATTACHMENT

66026019

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 21, 2005

ALDERTON TRADING CORPORATION
104 CRANDON BLVD., SUITE 406
KEY BISCAVNE, FL 33149

*Attached
Thanks
A*

Subject: ALDERTON TRADING CORPORATION

Reference Number: P04000144704

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION