


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

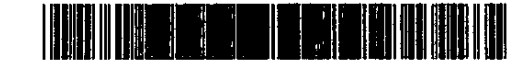
01-24-2007 90023 001 ***150.00
01-24-2007 90023 002 *****8.75

DOCUMENT # P04000158111	
1. Entity Name MFB TRADING USA, INC.	

Principal Place of Business 999 BRICKELL BAY DRIVE SUITE # 1010 MIAMI, FL 33131	Mailing Address P.O. BOX 310395 MIAMI, FL 33231
---	---

2. Principal Place of Business - No P.O. Box # 825 BRICKELL BAY DRIVE	3. Mailing Address 825 BRICKELL BAY DR
Suite, Apt. #, etc. # 948	Suite, Apt. #, etc. # 948

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131	Country USA




01212007 Chg#P CR2E034(12/06)

4. FEI Number 20-20511150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$88.75 Additional Fee/Required	

6. Name and Address of Current Registered Agent YANKS-HERNANDEZ, ANA ESQ 14115 S. DIXIE HIGHWAY SUITE H. MIAMI, FL 33176	7. Name and Address of New/Registered Agent Name MARIO FALLON Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL BAY DRIVE Suite 948 City MIAMI FL Zip Code 33131
--	--

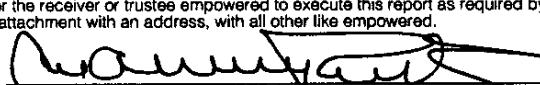
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLON, MARIO 999 BRICKELL BAY DRIVE SUITE # 1010 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLON, MARIO 825 BRICKELL BAY DRIVE #948 MIAMI, FLORIDA 33131 <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
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
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
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
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:  DATE **01/21/07** (786) 333-3387