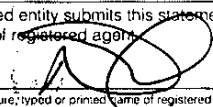
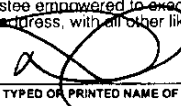


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90158 036 ***150.00

DOCUMENT # P04000164361 1. Entity Name LATITUDE TRADING CORP.					
Principal Place of Business 145 E. FLAGLER ST SUITE A-8 MIAMI, FL 33131			Mailing Address 145 E. FLAGLER ST SUITE A-8 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 144 NE 1st Street		3. Mailing Address 144 NE 1st Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami		City & State Miami		4. FEI Number 34-2028426	
Zip 33132		Country USA		Applied For Not Applicable	
Zip 33132		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASLOV, NATALI 145 E. FLAGLER ST SUITE A-8 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name MASLOV, NATALI Street Address (P.O. Box Number is Not Acceptable) 144 NE 1st Street City miami FL Zip Code 33132	
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  DATE 04/11/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D MASLOV, NATALI 145 E. FLAGLER ST. STE. A-8 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASLOV, NATALI 144 NE 1st Street MIAMI, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JOHN H 145 E. FLAGLER ST. STE A-8 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JOHN H. MASLOV, NATALI 144 NE 1st Street Miami, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			04/11/07 (305)3746747		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		