


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 AUG 17 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000025941		
1. Entity Name MULTITRADING USA, INC.		

Principal Place of Business 20281 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180	Mailing Address 20281 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 06-07

4. FEI Number 20-2363503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, FERNANDO R 901 PONCE DE LEON BLVD #501 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name MOSHE KAMHAZI Street Address (P.O. Box Number is Not Acceptable) 20113 N-E 16TH PLACE City MIAMI FL Zip Code 33179	
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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 <i>Moshe Kamhaji</i> Signature, typed or printed name of registered agent, and this (Applicable)	DATE 08-06-07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD KAMHAZI, JACK 20281 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500108236445 08/17/07--01025--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, FERNANDO R 20281 E COUNTRY CLUB DR #1211 AVENTURA, FL 33180 <input checked="" 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
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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: <i>Jack Kamhaji</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8/3/07 Daytime Phone #