2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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YPED OR PRINTED NAME OF

FILED Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # P06000062117** 1. Entity Name AMERICAN TRADING MERCHANDISE, INC. Mailing Address Principal Place of Business 4400 BOUGAINVILLA DRIVE 4400 BOUGAINVILLA DRIVE LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For 4. FEI Number City & State City & State 20-4818440 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIANA, MARIANO A Street Address (P.O. Box Number is Not Acceptable) 1361 SOUTH OCEAN BLVD. #701 POMPANO BEACH FL 33062 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or protect came of registroid inject arists a flangicable (NOTE: Registered Agent agriculture required when reinstituting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME GIANA, MARIANO A NAME U00000835666 STREET ADDRESS STREET ADDRESS 1361 SOUTH OCEAN BLVD. #701 02/29/08-80043-020 150.00 POMPANO BEACH FL 33062 CITY-ST-ZIF CITY-ST-ZIE TITLE Delete TITE F Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-71P City-St-ZIP Change Addition 1011 ☐ Dalete TITLE NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP THLE ☐ Daiete Change Addition NAM: STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP THE Deiele ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-ZIP TITLE ☐ Deiete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Daytime Phone #

Date