2007 FOR PROFIT CORPORATION

Feb 15, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P06000080530 02-15-2007 90052 045 ***150.00 1. Entity Name DELANI TRADING, CORP. Principal Place of Business Mailing Address 8201 NW 64 STREET 8201 NW 64 STREET BAY#6 BAY # 6 MIAMI, FL 33166 MIAMI, FL 33166 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202007 Chg-P CR2E034 (12/06) City & State 4. FEI Number 20-50 26 536 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, JOSE Street Address (P.O. Box Number is Not Acceptable) 7352 NW 112 COURT MIAMI, FL 33178 Zip Code FL 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. JOIE A. ROJAS Prisident 2-12-07 SIGNATURE. ente of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROJAS, JOSE NAME 7352 NW 112 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 > CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROJAS, JOSE NAME STREET ADDRESS 7352 NW 112 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ROJAS, JOSE NAME STREET ADDRESS 7352 NW 112 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROJAS, JOSE NAME NAME STREET ADDRESS 7352 NW 112 COURT STREET ADDRESS CITY-ST-7IP MIAMI, FL 33178 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 attach ith an address, with all other like empowered.

SIGNATURE:

JOIE A. RojAS SNATURE-AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Presiser

2-12-07

786-3807290

FILED