

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000119228

1. Entity Name
ARVADA TRADING CORP.



Principal Place of Business

9988 SW 20 STREET
MIAMI, FL 33174

Mailing Address

POST OFFICE BOX 347705
MIAMI, FL 33234-7705



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5668485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, CLIVE
9988 SW 20 STREET
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000922583
05/15/08-80053-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	JACKSON, CLIVE
STREET ADDRESS	9988 SW 20 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	PEREZ, ALAN
STREET ADDRESS	9988 SW 20 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	HAMILTON, MARK
STREET ADDRESS	9988 SW 20 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Clive Jackson CLIVE JACKSON 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #