

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138871

FILED
Aug 21, 2007
Secretary of State

Entity Name: SUPREME TRADING INC.

Current Principal Place of Business:

15855 NW 16TH CT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

15855 NW 16TH CT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALIXTE, ERNEST
15855 NW 16TH CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CALIXTE, ERNEST
Address: 15855 NW 16TH CT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP/D (X) Delete
Name: ALCIMÉ, EROL
Address: 2216 SCHENECTADY AVE
City-St-Zip: BROOKLYN, NY 11234 US

Title: T (X) Delete
Name: ALCIMÉ, EROL
Address: 2216 SCHENECTADY AVE
City-St-Zip: BROOKLYN, NY 11234 US

Title: S/D (X) Delete
Name: CALIXTE, CASSANDRE
Address: 2207 NW 72 WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST CALIXTE

P/D

08/21/2007

Electronic Signature of Signing Officer or Director

_____ Date