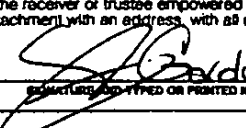


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2008 8:00 am
Secretary of State

07-24-2008 90016 010 ***550.00

DOCUMENT # P07000028338 1. Entity Name LU-MAI TRADING, INC.					
Principal Place of Business 8472 NW 72ND STREET MIAMI, FL 33166 US			Mailing Address 8472 NW 72ND STREET MIAMI, FL 33166 US		
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	4. FEI Number 87-0797666	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATTY, DENZLE G ESQ. 748 NE 3RD AVENUE FT. LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORDON, NATALIE 8472 NW 72ND STREET MIAMI, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GORDON, DONNETTE 8472 NW 72ND STREET MIAMI, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GORDON, CARTER 8472 NW 72ND STREET MIAMI, FL 33166	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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: 			7.21.08 305-471-0297		
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66016120



07082008 Chg-P CR2E034 (12/06)