

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046259

FILED
Jul 11, 2008
Secretary of State

Entity Name: TRACES OF THE PAST, INC

Current Principal Place of Business:

7758 NW 44 STREET
SUNRISE, FL 33351 PE ST

New Principal Place of Business:

Current Mailing Address:

7758 NW 44 STREET
SUNRISE, FL 33351 PE ST

New Mailing Address:

FEI Number: 20-8800956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PESTANO, YVETTE
7758 NW 44 STREET
SUNRISE, FL 33351 PE ST

Name and Address of New Registered Agent:

PESTANO, YVETTE
7758 NW 44 STREET
SUNRISE, FL 33351 PE US

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:

07/11/2008

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 () Delete
Name: CALVO, LUIS A
Address: 7758 NW 44 STREET
City-St-Zip: SUNRISE, FL 33351 PE ST

Title: V () Delete
Name: CONDE, EVELYN
Address: 7758 NW 44 STREET
City-St-Zip: SUNRISE, FL 33351 PE ST

Title: ST () Delete
Name: CALVO, MICHELLE A
Address: 7758 NW 44 STREET
City-St-Zip: SUNRISE, FL 33351 PE ST

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:

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: LUIS A. CALVO

P

07/11/2008

Electronic Signature of Signing Officer or Director

Date