2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/25/2008-90046-008-$150.00-$150.00

FILED

08 MAR 17 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01282008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000046437

1. Entity Name
GOLDEN TRUST TRADING, INC.

Principal Place of Business	Mailing Address
2260 NW 94 AVE MIAMI, 33172	2260 NW 94 AVE MIAMI, 33172

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. BOX 10745
Suite, Apt. #, etc.	Suite, Apt. #, etc. CAPARRA HEIGHTS,
City & State	City & State SAN JUAN, PR
Zip / Country	Zip 00922 / Country PR

4. FEI Number 20-8838928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, NELSON A SR.
269 GIRALDA AVE
SUITE 302
CORAL GALBES, FL 33134

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________________________

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, NELSON A SR. 269 GIRALDA AVE SUITE 302, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Rivera Nelson A. Feb. 15 - 2008 1-787-405-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS