

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90126 012 ***150.00

DOCUMENT # P07000077980	
1. Entity Name AMERICA PRINCE OF TRADING, INC.	

Principal Place of Business 4720 SW 153RD TERRACE MIRAMAR, FL 33027 US	Mailing Address 4720 SW 153RD TERRACE MIRAMAR, FL 33027 US
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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

04052008 Chg-P CR2E034 (12/06)

4. FEI Number 74 3221448	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CHARLES, LESLY 4720 SW 153RD TERRACE MIRAMAR, FL 33027	

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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
PRES CHARLES, LESLY 4720 SW 153RD TERRACE MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VPRE JEAN, GARRY 1886 NW 145TH TERRACE PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VPRE PHILIPPEAUX, PATRICK 20 BIRCH WOOD CT EAST HANOVER, NJ 07936	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VPRE RAYMOND, ROLAND 2110 NE 205TH STREET MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: Lesly Charles **4/22/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #