2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P07000078634 02-06-2008 90030 027 ***150.00 1. Entity Name AV & P TRADING, CORP. Principal Place of Business Mailing Address VUNTAGAA 8303 VIA LEONESSA 8303 VIA LEONESSA BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01242008 CR2E034 (12/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEUSES, VICTOR 8303 VIA LEONESSA Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEUSES, VICTOR NAME NAME STREET ADORESS 8303 VIA LEONESSA STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP City-ST-ZIP Delete TITLE Change Addition TIFLE FERRER, ALFREDO 238 NW 152 AUB NAME NAME STREET ADDRESS STREET ADDRESS PEMBROKE PINES, F1 33028 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 06, 2008 8:00 am