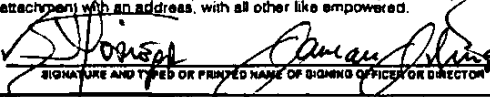


FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90012 012 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000092582			
1. Entity Name TECHNOTRADING CORP			
Principal Place of Business 8272 NW 14TH ST. DORAL, FL 33126		Mailing Address 8272 NW 14TH ST. DORAL, FL 33126	
2. Principal Place of Business - No P.O. Box # 7508 NW 54 Street		3. Mailing Address 7508 NW 54 Street	
Suite, Apt. #, etc. Ste #1		Suite, Apt. #, etc. Ste #1	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166 Country USA		Zip 33166 Country USA	
6. Name and Address of Current Registered Agent NORIEGA, JESUS R 11350 NW 25TH STREET SUITE 100 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Noriega, Jesus R Street Address (P.O. Box Number is Not Acceptable) 7508 NW 54 Street Ste #1 City Miami FL Zip Code 33166	
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 state if applicable (NOTE: Registered Agent signature required when reinstating)			
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	PS NORIEGA, JESUS R 11350 NW 25TH STREET, SUITE 100 DORAL, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CANCIAN, CRISTINA 11350 NW 25TH STREET, SUITE 100 DORAL, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		Date 4-24-08 Daytime Phone #	

40105589



04242008 Chg-P CR2E034 (12/08)

4. FEI Number **06-1826073** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**