

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077794

FILED  
May 30, 2009  
Secretary of State

Entity Name: PALM BEACH INTERNATIONAL TRADING, INC.

**Current Principal Place of Business:**

4672 PALMBROOK CIRCLE  
PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 691  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 80-0242184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFRICHTER, STEPHEN W  
4672 PALMBROOK CIRCLE  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: PD ( ) Delete  
Name: HOFRICHTER, STEPHEN  
Address: 4672 PALMBROOK CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VD ( ) Delete  
Name: OWENS, ROBIN E.  
Address: P.O. BOX 691  
City-St-Zip: PALM BEACH, FL 33480 US

Title: TD ( ) Delete  
Name: MURLEY, JAMES  
Address: 17315 67TH COURT  
City-St-Zip: LOXAHATCHEE, FL 33470 US

**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: ROBIN E. OWENS

VD

05/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date