


2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/2
7/2

FILED
Aug 29, 2008 8:00 am
Secretary of State

07-24-2008 90019 001 ***400.00
07-24-2008 90019 002 ***150.00

DOCUMENT # P93000052389 1. Entity Name M.L. INTERNATIONAL TRADING INC., CO.	
--	---

Principal Place of Business 4100 CLARCONA-OCDEE ROAD ORLANDO, FL 32810	Mailing Address 4100 CLARCONA-OCDEE ROAD ORLANDO, FL 32810
--	--

66016169



07192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3200024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUN, KO-CHEN 4056 MALLARD POINT CT. ORLANDO, FL 32810
--

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent signature required when retreating)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUN, KO-CHEN 4056 MALLARD POINT CT ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUN, CHUN-WU 5587 ELIZABETH ROSE SQ. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUN, JOHN 1810 NW 23 BLVD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 8/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR