## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 20, 2007 08:00 AM DOCUMENT # P94000017254 Secretary of State XTRA TRADING INT'L, INC. Principal Place of Business Malling Address 7780 SW 66 ST 7780 SW 66 ST US MIAMI, FL 33143 MIAMI, FL 33143 CR2E034 (11/05) 03302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For. 4. FEI Number 65-0474018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AROSEMENA, RAMON L DO NOTWRITE 7780 SW 68 ST MIAMI, FL 33143 IN THIS SPACE . 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 algorithm required when retherating) Signature, typed or printed name of registered agent and the II applicable 9.; Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS. 10. MILE AROSEMENA, RAMON L NAME STREET ADDRESS 7780 SW 66 ST CITY-ST-ZIP MIAMI, FL 33143 TITLE JJ00000719510 4.x05/61/07-80068-001;150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CHY-51-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME. STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered:

UNITED NAME OF SIGNAIG OFFICER OR DIRECTOR

Apr. L 16,07

Devime Phone #

**FILED**