

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000023644

1. Entity Name
THE MEDITERRANEAN TRADING COMPANY, INC.



Principal Place of Business
**6550 N. FEDERAL HWY.
SUITE 240
FORT LAUDERDALE, FL 33308**

Mailing Address
**PO BOX 667196
POMPAHO BEACH, FL 33068-7196**

FILED

07 JUN -8 PM 12: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



64072007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0476989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOSBERG, IRVING
7106 VIA FIRENZE
BOCA RATON, FL 33433**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	DP SLOSBERG, IRVING 7106 VIA FIRENZE BOCA RATON, FL 33433
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**800104427988
06/15/07--01036--014 **150.00**

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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: Irving Slosberg 4-14-07 954-978-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #