

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**7 Jul 29, 2008 8:00 am  
Secretary of State**

07-10-2008 90016 001 \*\*\*150.00

<b>DOCUMENT # P94000050424</b>	
1. Entity Name <b>FR TRADING &amp; INVESTMENT COMPANY</b>	

Principal Place of Business <b>848 BRICKELL AVENUE SUITE 114 MIAMI, FL 33131</b>	Mailing Address <b>1919 NE 45TH STREET #114 FT. LAUDERDALE, FL 33308 US</b>
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**66015649**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0509367</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LAURIA, RUFINO  
519 MISTY OAKS DR  
POMPANO BEACH, FL 33069**

**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 registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURIA, RUFINO 519 MISTY OAKS DR POMPANO BEACH, FL 33069
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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:  **7/6/08** **954 491-5179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #