


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000098466</b> 1. Entity Name L.D. EAGLE TRADING, INC.	
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Principal Place of Business 12765 S.W. 116 TERRACE MIAMI, FL 33186	Mailing Address 12765 S.W. 116 TERRACE MIAMI, FL 33186
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03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0707894	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**

BELOTTO, FLORIANO  
12765 S.W. 116 TERRACE  
MIAMI, FL 33186

**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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	D BELOTTO, FLORIANO 12765 S.W. 116 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELOTTO, LUCIANO 12765 S.W. 116 TERRACE MIAMI, FL 33186
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04/08/08-80029-019 158.75

**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:**

*Floriane Belotto* FLORIANO BELOTTO MAR 19/08 305 3865863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #