

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 033 ***150.00

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1. Entity Name
CARVALHO TRADING CORP.



Principal Place of Business

4828 NW 114 CT
DORAL, FL 33178

Mailing Address

4828 NW 114 CT
DORAL, FL 33178 US

2. Principal Place of Business - No P.O. Box #

8451 NW 114 CT

3. Mailing Address

8451 NW 114 CT

Suite, Apt. #, etc.

Suite Apt # etc

City & State

DORAL - FL

City & State

DORAL - FL

Zip

33178

Country

US

Zip

33178

Country

US

01142008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0722606

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARVALHO, BRENNO DE O
4828 NW 114 CT
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete
NAME CARVALHO, BRENNO DE O
STREET ADDRESS 4828 NW 114 CT
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Add
NAME BRENNO DE O. CARVALHO
STREET ADDRESS 8451 NW 114 CT
CITY-ST-ZIP DORAL-FL 33178

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]