

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023142

Entity Name: T.V. TRADING, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

1970 NW 129TH AV.  
107  
MIAMI, FL 33182 US

## New Principal Place of Business:

## Current Mailing Address:

1970 NW 129TH AV.  
107  
MIAMI, FL 33182 US

## New Mailing Address:

FEI Number: 65-0740711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEIDA ARCILA  
1970 NW 129TH AV.  
107  
MIAMI, FL 33182 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MORAN, TOMAS  
Address: 1970 NW 129TH AV. #107  
City-St-Zip: MIAMI, FL 33182

Title: VS ( ) Delete  
Name: ARCILA, LEIDA  
Address: 14629 SW 104 ST. # 409  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIDA ARCILA

VS

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date