

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049144

Entity Name: SUNTRADING INC.

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

949 WEST END AVENUE
SUITE #5E
NEW YORK, NY 10025 US

New Principal Place of Business:

Current Mailing Address:

949 WEST END AVENUE
SUITE #5E
NEW YORK, NY 10025 US

New Mailing Address:

FEI Number: 13-3984841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALDONADO, IGNACIO
199 OCEAN LANE DRIVE
801
KEY BISCAYNE, FL 33149 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: MALDONADO, VICTOR
Address: 155 OCEAN LANE DRIVE #801
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: MALDONADO, IGNACIO
Address: 155 OCEAN LANE DRIVE #801
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: DE MALDONADO, MARIA I
Address: 155 OCEAN LANE DRIVE #801
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: ARENAS, JAIME
Address: 949 WEST END AVE #5E
City-St-Zip: NEW YORK, NY 10025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAIME ARENAS

PD

01/25/2008

Electronic Signature of Signing Officer or Director

Date