


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 031 \*\*\*150.00

<b>DOCUMENT # P98000007058</b>		
1. Entity Name INFOSUR TRADERS CORP.		

Principal Place of Business 4999 NW 72 AVE LAUDERHILL, FL 33319	Mailing Address 4999 NW 72 AVE LAUDERHILL, FL 33319
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40108920



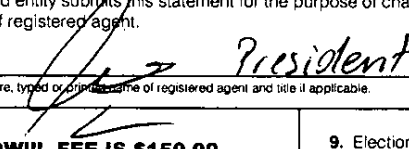
2. Principal Place of Business - No P.O. Box # 6350 NW 95 LANE	3. Mailing Address 6350 NW 95 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State PARKLAND FL	City & State PARKLAND FL
Zip 33076	Country U.S.A.
Zip 33076	Country U.S.A.

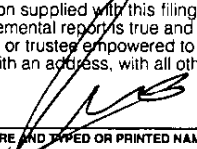
4. FEI Number 65-0822195	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  LANGONE FALLA, LEONARDO 4999 NW 72 AVE LAUDERHILL, FL 33319	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not 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.	5/1/07 DATE (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANGONE FALLA, LEONARDO 4999 NW 72 AVE LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/1/07 Date 954-8159106 Daytime Phone #