PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059038

1. Corporation Name

KALLBERG TRADING INC.

Principal	Place	φf	Business
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Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90021 043 ***150.00



7601 EAST TREASURE DRIVE 7601 EAST TREASURE DRIVE PH-109 PH-109 DO NOT WRITE IN THIS SPACE MIAMI FL 33141 MIAMI FL 33141 3. Date Incorporated or Qualifed 07/01/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 14340 GRAND 26 14340 COCONIAC GRAND Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. BCUD. BCUD. 5. Certifcate of Status Desired Fee Required #-3307 #3304 City & State City & State \$5.00 May Be 6. Election Campaign Financing ORCAMO Added to Fees OPLANDO Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible 37537 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KALLBERG KALLBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 82 7601 EAST TREASURE DRIVE COLONIA PH-109 83 MIAMI FL 33141 Zip Code 32.837 City ORLANDO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 008 SIGNATURE nt and title if applicable red Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition □ DELETE TITLE PKCSIDENT 1.1 TITLE TEFFREY KAUBEIRG 1.2 NAME NAME 13 STREET ADDRESS 14340 COCONIAL GRAND BUID. 123304 STREET ADDRESS OZCANDO PC. 32837 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 61 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

(11/98)CR2E034