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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State

ANNUAL REPORT					San 31, 2000 00.00			
1. Entity Name	MENT # P980000890 T TRADING & CONSULTING				2	Secretary of Sta		
Principal Place	of Business	Mailing Address						
1 1101		P.O. BOX 2428						
HALLANDALE	, FL 33008	HALLANDALE, FL 33008		ļ				
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e, e				01132008	No Chg-P	CR2E034 (11/05)		
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For		
				4. FET Number		Not Applicable		
A State	5. A. A. C. 19 18(2) (14) (南)			5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	relatered Agent	1 1 1 1 1 1 1		-	Les rednied		
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811 TYLER STREET HOLLYWOOD, FL 33019					THIS SP	1		
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					erg from the second			
	named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and accept		
the dinigat	ions or registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable (NOTE Registe	red Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees				
10.	OFFICERS AND D				<u></u>			
TITLE	P	III.COTOTIO		,				
NAME	KATSOULOS, JAMES			د د چې پهها کې د	e de la companya de La companya de la co			
STREET ADDRESS CITY-ST-ZIP	811 TYLER ST HOLLYWOOD, FL 33019			411		The state of the s		
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NAME			The state of the s		V00000	808939		
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STREET ADDRESS			Colon Land	Shares ;	A Property			
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TITLE NAMÉ						4		
STREET ADDRESS					Marginary . National Control			
CITY-ST-ZIP	l .		- ■ . • . • . • . • . • . • . • . • . • .	90 G 1 G 1				

12. Thereby 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 the empowered.

SIGNATURE: __

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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