

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 024 ***150.00

DOCUMENT # P98000089174 1. Entity Name BUCCANEER TRADING COMPANY	
--	---

Principal Place of Business 19212 WEST LAKE DRIVE MIAMI, FL 33015	Mailing Address 19212 WEST LAKE DRIVE MIAMI, FL 33015
---	---

DO NOT WRITE IN THIS SPACE



03172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0897092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHEPARD, J. 19212 WEST LAKE DRIVE MIAMI, FL 33015
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEPARD, MARVIN 19212 W. LAKE DR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEPARD, JACQUELINE 19212 W. LAKE DR. MAIMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SHEPARD, ADAM M 6813 BROOKLINE DRIVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DARCY SHEPARD 6709 BROOKLINE DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: J. Shepard J. SHEPARD 3/20/07 305-829-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #