2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000102860

H.G. TRADING CIA, INC.



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

15804 NW 81ST COURT MIAMI LAKES, FL 33016-6694 US Mailing Address

15804 NW 81ST COURT MIAMI LAKES, FL 33016-6694 US



DO NOT WRITE IN THIS SPACE

03202007	No Ong-r	C1(2E034 (11/05)			
4. FEI Number			Applied Fo		
65-0945	5723	_	Not Applic		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALEANO, HECTOR E 15804 NW 81ST COURT MIAMI LAKES, FL 33016-6694

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or regi	stered agent, or both,	in the State of Florida.	I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	AIOTE Parisone				DATE
	Signature, typed or printed name or registered agent and little in	applicable (NU:2: Registered	vđeni zgratore redi	ulred when reinstating)		JAILE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing .	55.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALEANO, HECTOR 15804 NW 81ST COURT MIAMI LAKES, FL 330166694				U000006 04716707-8	34019 0063-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARZON, AURA R 15804 NW 81ST COURT MIAMI LAKES, FL 330166694	, u				
NAME STREET ADDRESS CITY-ST-ZIP	Haven Avenue			DO N	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN T	HIS SPA	CE
TITLE NAME . STREET AODRESS CITY-ST-ZIP			er ja			
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12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

AURA ROSAUA GARIONI