## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 02, 2007 8:00 am Secretary of State DOCUMENT # P99000041118 02-02-2007 90008 046 \*\*\*150.00 M & L TRADING, INC. Principal Place of Business Mailing Address 40008729 10421 SW 116TH STREET 10421 SW 116TH STREET MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 12101 S. Dixi€ Hwy 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc 01132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For MIAM FLORIDA 65-0921962 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARENAS, LUIS Street Address (P.O. Box Number is Not Acceptable) 10421 SW 116TH STREET MIAMI, FL 33176 City Zip Code FL 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition ARENAS, LUIS NAME NAME STREET ADDRESS 10421 SW 116TH ST STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Chance ☐ Addition ARENAS, MARY NAME NAME STREET ADDRESS 10421 SW 116TH ST STREET ADDRESS MIAMI, FL 33176 CHY-S1-ZIP CHY-ST-7P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete HILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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 eath; 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.

WIS ARENAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

RESIDENT

786-256-3334

FILED