2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

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M.L. TRADING GROUP CORP.



Principal Place of Business

Mailing Address

7048 SOUTHWEST 46 STREET MIAMI, FL 33155-4614 US

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

0	4282007	No Chg-P	CR2E	E034 (11/05)
4.	FEI Number			Applied For
65-0920		240		Not Applicable
5.	. Certificate of Status Desired			\$8.75 Additional

PEREZ, LUIS 7965 WEST 30TH COURT #206

HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agont and title in	applicable (NOTE: Registere	d Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000740900
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	05/15/07-80007-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, LUIS 7965 WEST 30TH COURT HIALEAH, FL 33018				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE LA TORRE, MARTHA 7965 WEST 30TH COURT HIALEAH, FL 33018				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	4, 1/1.			·	
NAME STREET ADDRESS CITY: ST-ZIP					

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 suppliemental 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 of 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #