

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90183 015 ***150.00

DOCUMENT # P99000050308

1. Entity Name
TRADELINKS USA, INC.



Principal Place of Business
**3207 E. COLONIAL DR., E18
ORLANDO, FL 32803**

Mailing Address
**7111 GRAND NATIONAL DR.
SUITE 100
ORLANDO, FL 32819**

40068300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3639685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIDDIQUI, SHAHAB
6220 MEREDITH ERIN LANE
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SIDDIQUI, SHAHAB
7111 GRAND NATIONAL DR., 100
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPF
SIDDIQUI, MOHAMMAD M
7111 GRAND NATIONAL DR., 100
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SIDDIQUI, FAIZA S
7111 GRAND NATIONAL DR., 100
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Shahab Siddiqui

SHAHAB SIDDIQUI

04/19/07

407-352-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #