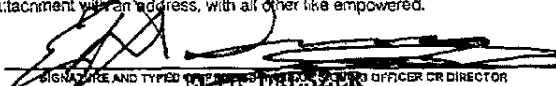


FILED
Apr 24, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000069837			
1. Entity Name LATINA TRADING, INC.			
Principal Place of Business 19500 TURNBERRY WAY #11-D AVENTURA, FL 33180		Mailing Address C/O BLAKESBERG & CO., CPAS 951 SW 4TH AVENUE BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE			
		 04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0948727	Applied For No: Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLAKESBURG, WILLIAM J C/O BLAKESBERG 951 SW 4 AVENUE BOCA RATON, FL 33432		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000528074 05/05/06-80020-024 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DRESZER, DEBORAH J 19500 TURNBERRY WAY #11-D AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DRESZER, ELIJAH 19500 TURNBERRY WAY #11-D AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 637, 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: 		561-750-8300	
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR		Date Day/line Phone #	