## 2007 FOR PROFIT CORPORATION

## Apr 23, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000069837 1. Entity Name LATINA TRADING, INC. Principal Place of Business Mailing Address 19500 TURNBERRY WAY #11-D C/O BLAKESBERG & CO., CPAS AVENTURA, FL 33180 951 SW 4TH AVENUE BOCA RATON, FL 33432 04102007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0948727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAKESBURG, WILLIAM J DO NOT WRITE C/O BLAKESBERG 951 SW 4 AVENUE IN THIS SPACE BOCA RATON, FL 33432 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSD TITLE DRESZER, DEBORAH J NAME STREET ADDRESS 19500 TURNBERRY WAY #11-D U00000726860 05/04/07-80024-011 150.00 CITY-ST-71P AVENTURA, FL 33180 VTD TITLE DRESZER, ELIU STREET ADDRESS 19500 TURNBERRY WAY #11-D CITY - ST-ZIP AVENTURA, FL 33180 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 perfort 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 trusted 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 paraddgess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

**FILED**