2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # P99000089764 04-16-2008 90024 025 ***150.00 POLYTRADE INTERNATIONAL, INC. Principal Place of Business Mailing Address **3040 GATEWAY DRIVE** 3040 GATEWAY DRIVE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 255 Golden Beach Drive 255 Golden Beach Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For Golden Beach 13-3622096 Not Applicable <u>Golden Beach</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33160 USA Fee Required 33160 USA 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent :---SCHIMMEL, ROBERT L Street Address (P.O. Box Number is Not Acceptable) % HESSEN, SCHIMMEL & DE CASTRO, P.A., 3191 CO RAL WAY, PH-2 MIAMI, FL 33145 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. η<u>-</u> * . . . SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be ·FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE" Delete X Change ☐ Addition TITLE NAME" BERMINGHAM STEPHEN NAME 3040 GATEWAY DRIVE 255 Golden Beach Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP Golden Beach, FL 33160 VPST TITLE ☐ Delete TITLE X Change ■ Addition GUGLIELMI, REGINA NAME NAME 255 Golden Beach Drive STREET ADDRESS 3040 GATEWAY DRIVE STREET ADDRESS Golden Beach, FL 33160 CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trus changed, or on an attachment with an

ER OR DIRECTOR