

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105958  
1. Corporation Name

NATIONAL FLEET TRADING, INC.

Principal Place of Business  
6299 SW 138 PL  
Miami, FL 33183

Mailing Address  
6299 SW 138 PL  
Miami, FL 33183

100037625141  
06/03/04--01032--017 \*\*300.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/99		3a. Date of Last Report	
21	6850 SW 24 St	25	6850 SW 24 St	4. FEI Number 65-0967089		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	205	27	205	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	Miami, FL	28	Miami, FL				
24	Zip 33155	29	Zip 33155				
	Country 25 USA		Country 30 USA				

9. Name and Address of Current Registered Agent

Emerson Carmona  
6299 SW 138 Pl  
Miami, FL 33183

10. Name and Address of New Registered Agent

81	Name	Wictoria Bergstron	
82	Street Address (P.O. Box Number is Not Acceptable)	6850 SW 24 St.	
83			
84	City	Miami	FL
85	Zip Code	33155	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Wictoria Bergstron* Wictoria Bergstron (Pres) 5/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emerson Carmona	1.2 NAME	Wictoria Bergstron
STREET ADDRESS	6299 SW 138 Pl.	1.3 STREET ADDRESS	6850 SW 24 St. # 205
CITY-ST-ZIP	Miami, FL 33183	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wictoria Bergstron* Wictoria Bergstron (Pres) 5/19/04 (305)321-2523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NATIONAL FLEET TRADING, CORP.**  
6850 SW 24 STREET, SUITE 205  
MIAMI, FLORIDA 33155

May 19, 2004

Florida Department of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Ref: Uniform Business Report

To Whom It May Concern:

This letter is to inform you that we never process our 2003 and 2004 Corporate Uniform Business Report due to the death of our Accountant. We were not aware of this procedure and in his absence we did not file the document. Please, accept this check for \$300.00 for the payments of 2003 and 2004, thank you.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Wictoria Bergstron".

Wictoria Bergstron  
President