2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 08:00 AM Secretary of State DOCUMENT # S21681 1. Entity Name S.T.E. TRADING INC. Principal Place of Business Mailing Address 8274 NW 14TH STREET 8274 NW 14TH STREET MIAMI, FL 33126 MIAMI, FL 33126 No Chg-P CR2E034 (11/05) 04262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0240535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAND, SERGIO DO NOT WRITE 8763 SW 61 PLACE MIAMI, FL 33143 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. DP TITLE BAND, SERGIO NAME STREET ADDRESS 8763 SW 61 PLACE U00000755724 05/23/07-80001-009 150.00 CITY-ST-ZIP MIAMI, FL 33143 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07 30

Daytime Phone :

FILED