

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S82346**

1. Entity Name

FLORIDA INTERNATIONAL TRADING OF MIAMI, INC.



Principal Place of Business  
7833 S.W. 102ND PLACE  
MIAMI FL 33173

Mailing Address  
7833 S.W. 102ND PLACE  
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **NO-T APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPAGNA, GEORGE W.  
1773 N.W. 91ST AVE.  
PLANTATION FL 33322

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME: BERGAN, ROBERT E. ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP: 7833 S.W. 102ND PLACE  
MIAMI FL

TITLE  
NAME: BERGAN, MARION G. ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP: 7833 S.W. 102ND PLACE  
MIAMI FL

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP: U000000606965  
01/31/07-80017-022 150.00

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert E. Bergan* R.E. BERGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 305-279-2636

Date

Daytime Phone #