


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # V46646		
1. Entity Name NATIONAL TRADING MANUFACTURING, INC.		

Principal Place of Business 10101 COLLINS AVE. 10E BAL HARBOUR, FL 33154 US	Mailing Address 10101 COLLINS AVE. 10E - ATTN:R.KRAVEC BAL HARBOUR, FL 33154 US
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05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0735593	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  KRAVEC, SAUL 10101 COLLINS AVE. 10E BAL HARBOUR, FL 33154
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAVEC, RAFAEL 10101 COLLINS AVE. APT.10E BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAVEC, SAUL 10101 COLLINS AVE., APT.10E BAL HARBOUR, FL 33154
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05/25/07-80013-006 158.75

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: <u>Rafael Kravec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>May 1/07</u> <small>Date</small>	Daytime Phone # <u>305-349-2014</u> <small>Daytime Phone #</small>
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