2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AN Secretary of State DOCUMENT # V46646 NATIONAL TRADING MANUFACTURING, INC. Principal Place of Business Mailing Address 10101 COLLINS AVE. 10101 COLLINS AVE. 10E - ATTN.R.KRAVEC BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 01072008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0735593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAVEC, SAUL DO NOT WRITE 10101 COLLINS AVE. IN THIS SPACE BAL HARBOUR, FL 33154 "中国"的多点。 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. FITLE KRAVEC, RAFAEL NAME STREET ADDRESS 10101 COLLINS AVE. APT.10E CITY-ST-ZIP BAL HARBOUR, FL 33154 TITLE KRAVEC, SAUL NAME STREET ADDRESS 10101 COLLINS AVE., APT.10E CITY-ST-ZIP BAL HARBOUR, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 in the anaddress, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

WATER KAPAE KAAVEO

1/7/08

105-349-2014.

FILED

Daytime Phone #