

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90216 028 ***150.00

60001543



01052007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0344648** Applied For ☐ Not Applicable ☐

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

DOCUMENT # V52600

1. Entity Name
TECH TRADE INTERNATIONAL, CORP.



Principal Place of Business
**209 N ATLANTIC BLVD
SUITE 16E
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**209 N ATLANTIC BLVD
SUITE 16E
FT. LAUDERDALE, FL 33304 US**

2. Principal Place of Business - No P.O. Box #
209 N. Ft. Lauderdale Blvd
Suite, Apt. #, etc.
Suite 16 E
City & State
FT. Lauderdale FL
Zip
33304 Country
US

3. Mailing Address
209 N. Ft. Lauderdale Blvd
Suite, Apt. #, etc.
Suite 16 E
City & State
FT. Lauderdale FL
Zip
33304 Country
US

6. Name and Address of Current Registered Agent
**AMATO, MAURO
209 N ATLANTIC BLVD.
SUITE 16E
FT. LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
209 N. Ft. Lauderdale Blvd
Suite 16 E
City
FT. Lauderdale FL Zip Code
33304

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 (NOTE: Registered Agent signature required when reinstating) DATE **1-5-07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AMATO, MAURO 209 N ATLANTIC BLVD FT LAUDERDALE, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 209 N. Ft. Lauderdale Blvd #16E FT Lauderdale FL 33304 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: President Date **1-5-07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauro Amato