

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000014667

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC7552085090**

**Entity Name:** HEPTAGON TRADING CORP

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD.  
STE. 808  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD.  
STE. 808  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLOBAL TRUST MANAGEMENT US BRANCH INC  
1600 PONCE DE LEON BLVD.  
STE. 808  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DEL MONTE SANCHEZ, DAVID  
Address RES. VILLA ALAMEDA, COLINAS DE BARUTA  
City-State-Zip: CARACAS MI 1080

Title D  
Name EGUIDAZU, TOMAS  
Address EDIF.SIERRA DORADA APT3B C. DE BELLO MONTE  
City-State-Zip: CARACAS MI 1041

Title SECRETARY  
Name GARCIA, LUIS  
Address 1600 PONCE DE LEON BLVD. STE. 808  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS GARCIA

**SECRETARY**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date