2007 FOR PROFIT CORPORATION

FILED 007 08:00 AM ry of State

> Applied For Not Applicable

ANNU	Mar 01, 2007 08			
DOCUMENT # P000000		Secretary of		
1. Entity Name SEMTRADEX INTERNATIONAL CORP.				
Principal Place of Business	Mailing Address		_	
21055 YACHT CLUB DR.	21055 YACHT CLUB DR.			
1907 Aventura, Fl. 33180	1907 Aventura, Fl. 33180		!	
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DO NOT WRI	TE IN THIS SPA	CE		Applied F
		t. ab,	4. FEI Number 65-1016673	Not Appli
		, i · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cu	-	er til state på på fill at til		
TAFURT, ANTONIO J		DO NOT WRITE		
21055 YACHT CLUB DR. #1907 AVENTURA, FL 33180		190		
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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.	Signature, typed or printed name of registered agent and little	Il applicable (NOTE: R	eglatered	d Agent signature required when reinstating)	DATE			
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00000652388 03/12/07 80016-009 150.00				
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAFURT, ANTONIO J 21055 YACHT CLUB DR. #1907 AVENTURA, FL 33180	CTORS				g - 1 - p 2 - 39		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOSA, JAIME 21055 YACHT CLUB DR, SUITE 1907 MIAMI, FL 33180	,		4	The state of the s	•		
TITLE HAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	Des for market or supposed for the suppo		
TITLE				l tarang ini	THIS SPACE			

12. I hereby certify that the information supplied with this filing dies 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 or curate 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 truefee 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 or like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

EDMAME OF SIGNING OFFICER OR DIRECTOR