


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90979 032 ***150.00

DOCUMENT # P01000047857

1. Entity Name
ALCA TRADE CORP.



Principal Place of Business
**2706 NW 72ND AVENUE
 MIAMI, FL 33122**

Mailing Address
**2706 NW 72ND AVENUE
 MIAMI, FL 33122**

2. Principal Place of Business
12950 S.W. 128 St.

3. Mailing Address
12950 S.W. 128 St

Suite, Apt. #, etc.
Suite #4

Suite, Apt. #, etc.
Suite #4

City & State
Miami, FL 33186

City & State
Miami, FL 33186

Zip Country Zip Country



04152005 Chg-P CR2E034 (10/03)

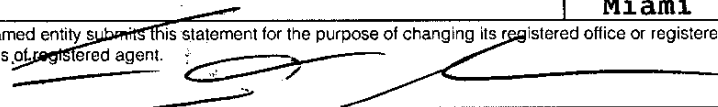
4. FEI Number
65-1102988

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDRADE, EDSON 2706 NW 72 AVENUE MIAMI, FL 33122		Name Andrade, Edson	
		Street Address (P.O. Box Number is Not Acceptable) 12950 S.W. 128 Street #4	
		City Miami	
		State FL	
		Zip Code 33186	

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: 

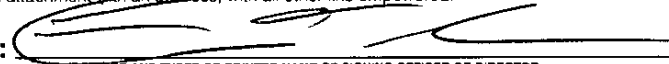
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRADE, EDSON			NAME	12950 S.W. 128 St., #4		
STREET ADDRESS	2706 NW 72 AVENUE			STREET ADDRESS	Miami, FL 33186		
CITY-ST-ZIP	MIAMI, FL 33122			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP	MIAMI, FL 33122			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addressee, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #