

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056605

Entity Name: NEW TEK TRADING, INC.

FILED  
Apr 24, 2005  
Secretary of State

**Current Principal Place of Business:**

8950 SW 142ND AVE  
924  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

8950 SW 142ND AVE  
924  
MIAMI, FL 33186

**New Mailing Address:**

410 WAYFIELD LANE  
APEX, NC 27539

FEI Number: 65-1113486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALHAMBRA REGISTERED AGENTS, INC.  
C/O KARP & GENAUER, P.A.  
2 ALHAMBRA PLAZA - SUITE 1202  
CORAL GABLES, FL 33134 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/S ( ) Delete  
Name: ALMEIDA, BELKIS T P/S  
Address: 8950 SW 142ND AVE, APT 924  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/S (X) Change ( ) Addition  
Name: ALMEIDA, BELKIS T P/S  
Address: 410 WAYFIELD LANE  
City-St-Zip: APEX, NC 27539

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BELKIS T. ALMEIDA

P

04/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date