

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90047 033 ***150.00

DOCUMENT # P04000037031		
1. Entity Name ALURA TRADING CORP.		

Principal Place of Business 616 VALENCIA AVE #102 CORAL GABLES, FL 33134	Mailing Address 616 VALENCIA AVE #102 CORAL GABLES, FL 33134
--	--

50004633

2. Principal Place of Business 3112 AVIATION AVE. Suite, Apt. #, etc.	3. Mailing Address 3112 AVIATION AVE. Suite, Apt. #, etc.
--	--



01072005 Chg-P CR2E034 (10/03)

City & State COCONUT GROVE FL	City & State COCONUT GROVE FL	4. FEI Number 20-1101359	Applied For ☐ Not Applicable
Zip 33131	Country	Zip 33131	Country

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

6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 NW 42 AVE #416 MIAMI, FL 33126	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

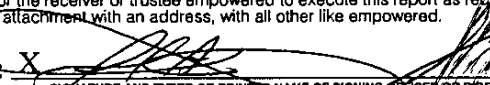
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ CARPIO, ARMANDO JOSE ☐ Delete 616 VALENCIA AVE #102 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ CARPIO, ARMANDO JOSE ☒ Change ☐ Addition 3112 AVIATION AVE. COCONUT GROVE, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: X  **ARMANDO J. VASQUEZ C., PRES**
Signature and typed or printed name of signing officer or director Date _____ Daytime Phone # _____