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	Mailing Address
616 VALENCIA AVE #102 CORAL GABLES, FL 33134	616 VALENCIA AVE #102 CORAL GABLES, FL 33134

50004633

01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3112 AVIATION AVE.	3112 AVIATION AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE FL	City & State: COCONUT GROVE FL
Zip: 33131 Country:	Zip: 33131 Country:

4. FEI Number 20-1101359 ☐ 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
CORDOVA, ANGEL D 780 NW 42 AVE #416 MIAMI, FL 33126	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	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	VASQUEZ CARPIO, ARMANDO JOSE	NAME	VASQUEZ CARPIO, ARMANDO JOSE
STREET ADDRESS	616 VALENCIA AVE #102	STREET ADDRESS	3112 AVIATION AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	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
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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 #