

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
7/8/2005-90021-049-\$150.00-\$150.00
FILED

05 JUL 28 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007 70 900 AUG 04 2005



06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000108360			
1. Entity Name ADVANTAGE TRADING, INC.			
Principal Place of Business 13540 SW 105 AVE. MIAMI, FL 33176		Mailing Address 13540 SW 105 AVE. MIAMI, FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-4558436		Applied For Not Applicable	
5. Certificate of Status Leased <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEREZ, MICHAEL 10126 W. FLAGLER ST. MIAMI, FL 33174		Name	
		Street Address (P.O. Box Number if Not Acceptable)	
		City	
		FL Zip Code	
9. 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 _____ <small>Signature typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JOSE L	NAME	
STREET ADDRESS	13540 SW 105 AVE.	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33176	CITY-STATE-ZIP	
TITLE	VO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, MICHAEL J	NAME	
STREET ADDRESS	13540 SW 105 AVE.	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33176	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ALEIDA	NAME	
STREET ADDRESS	13540 SW 105 AVE.	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33176	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 address, with or without a telephone number.			
SIGNATURE:		7-4-05 305-792-5369	
<small>SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR</small>		<small>DATE</small>	