## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000108360 Entity Name ADVANTAGE TRADING, INC. Principal Place of Business Mailing Address 13540 SW 105 AVE. 13540 SW 105 AVE. MIAMI, FL 33176 MIAMI, FL 33176 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4558436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PEREZ, MICHAEL DO NOT WRITE 10126 W. FLAGLER ST. MIAMI, FL 33174 IN THIS SPACE 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) <u>1000000410344</u> 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 02/09/06-80030-021 50.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DELGADO, JOSE L NAME STREET ADDRESS 13540 SW 105 AVE. CITY-ST-ZIP MIAMI, FL 33176 TITLE DELGADO, MICHAEL J NAME STREET ADDRESS 13540 SW 105 AVE. CITY-ST-71P MIAMI, FL 33176 TITLE NAME DELGADO, ALEIDA 13540 SW 105 AVE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33176 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NASCE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental perfort it true and accurate and that my signature shall have the same legal effect as if made under cath; 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 this empowered.

SIGNATURE: SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-7IP

Daytime Phone #

**FILED**