

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000046519

FILED
Nov 22, 2006
Secretary of State

Entity Name: BLUE CHIP TRADING COMPANY

Current Principal Place of Business:

1601 NW 97 AVE UNIT 111 #1640
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1601 NW 97 AVE UNIT 111 #1640
MIAMI, FL 33172

New Mailing Address:

FEI Number: 56-2517364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ALFRED
1601 NW 97 AVE UNIT 111 #1640
MIAMI, FL 33172 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: ATHOMPSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, ALFRED
Address: 1601 NW 97 AVE UNIT 111 #1640
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: THOMPSON, JUDY
Address: 1601 NW 97 AVE UNIT 111 #1640
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: THOMPSON, ALYSSA
Address: 1601 NW 97 AVE UNIT 111 #1640
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: HALL, BANCROFT
Address: 9011 N LAKE MIRAMAR CIRCLE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ATHOMPSON

Electronic Signature of Signing Officer or Director

MR

11/22/2006

Date