## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

M. L. S

## **Secretary of State DOCUMENT # P05000115591** 04-19-2006 90093 050 \*\*\*158.75 1. Entity Name PILSEN TRADING INC. Principal Place of Business Mailing Address 66017674 6987 COLLINS AVE. 6987 COLLINS AVE. MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 03242006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3427461 City & State City & State Applied For Not Applicable Country. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fea Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFSON, ARON Street Address (P.O. Box Number is Not Acceptable) 6987 COLLINS AVE. MIAMI BEACH; FL 33141 City 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 tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE PTD ☐ Delete TITLE Change ☐ Addition WOLFSON, ARON NAME NAME 6987 COLLINS AVE. STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change C Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Daleta TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TIDE Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I em an officer or director of the component or the receiver or flustee employered 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 tograddires flyth, all other like employered.

SIGNATURE:

) ARON WOLFSON

**FILED** 

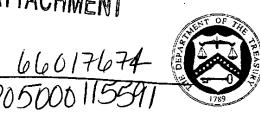
Jun 01, 2006 8:00 am

ATTACHMENT



Electronic Federal Tax Payment System

10/20/2005



PILSEN TRAIND INC
% J & S LAW SERVICES
PO BOX 13068
MIAMI, FL 33101-0000

TIN

(Taxpayer Identification Number)

20-3427461

## About You

Enrollment

## Dear Taxpayer:

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and—fast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

**EFTPS Enrollment Processing**