

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084502

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** INTER AMERICAN TRADING SERVICES, INC.

**Current Principal Place of Business:**

169 SOUTH STATE RD-7  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

169 SOUTH STATE RD-7  
MARGATE, FL 33068

**New Mailing Address:**

**FEI Number:** 65-0873336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUQUE, MANUEL H A  
7981 S. FRENCH DR  
APT #206  
PEMBROKE PINES, FL 33024 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: VARGAS, MARINA  
Address: 2425 NW 137 AVE.  
City-St-Zip: SUNRISE, FL 33323

Title: VPT ( ) Delete  
Name: TRUQUE, MANUEL H  
Address: 7981 S. FRENCH DR. APT 206  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete  
Name: HERRERA, ASTRIT C  
Address: 2425 NW 137 AVE.  
City-St-Zip: SUNRISE, FL 33323

**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:

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: MARINA VARGAS

PT

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date