

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90030 003 ***150.00

DOCUMENT # L64425 1. Entity Name CIRCLE TRADE CORPORATION					
Principal Place of Business 2665 S BAYSHORE DR #1100 MIAMI, FL 33133			Mailing Address 2665 S BAYSHORE DR #1100 MIAMI, FL 33133		
2. Principal Place of Business 5960 SW 57 AVE Suite, Apt. #, etc.		3. Mailing Address 5960 SW 57 AVE Suite, Apt. #, etc.			
City & State MIAMI, FL Zip 33143		City & State MIAMI, FL Zip 33143		Country USA	
4. FEI Number 65-0199325		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent RODRIGUEZ, EVELYN 2665 S BAYSHORE DR #1100 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAILLANT, FRANCISCO H 2665 S BAYSHORE DR #1100 MIAMI, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, EVELYN 2665 S BAYSHORE DR #1100 MIAMI, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EMILIO, FERNANDO A 2665 S BAYSHORE DR #1100 MIAMI, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEIVA, TANYA 2665 S BAYSHORE DR #1100 MIAMI, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 all other like empowered.					
SIGNATURE: _____ EVELYN RODRIGUEZ 01/13/04 305-4553358 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					