


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90979 032 ***150.00

DOCUMENT # P01000047857

1. Entity Name
ALCA TRADE CORP.



Principal Place of Business
**2706 NW 72ND AVENUE
 MIAMI, FL 33122**

Mailing Address
**2706 NW 72ND AVENUE
 MIAMI, FL 33122**

2. Principal Place of Business
12950 S.W. 128 St.

3. Mailing Address
12950 S.W. 128 St


Suite, Apt. #, etc.
Suite #4

Suite, Apt. #, etc.
Suite #4

City & State
Miami, FL 33186

City & State
Miami, FL 33186

Zip Country Zip Country



04152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1102988

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDRADE, EDSON
 2706 NW 72 AVENUE
 MIAMI, FL 33122**

7. Name and Address of New Registered Agent

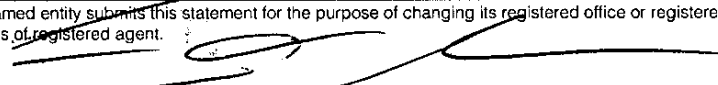
Name
Andrade, Edson

Street Address (P.O. Box Number is Not Acceptable)
12950 S.W. 128 Street #4

City
Miami

FL Zip Code
33186

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, EDSON	
STREET ADDRESS	2706 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDRADE, EDSON	
STREET ADDRESS	2706 NW 72ND AVE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12950 S.W. 128 St., #4	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12950 S.W. 128 St., #4	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 addressee, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #