


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
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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 33186	Country FL



04152005 Chg-P CR2E034 (10/03)

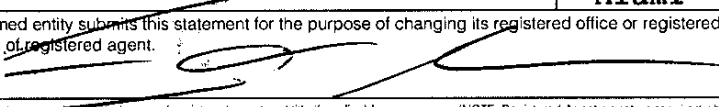
4. FEI Number
65-1102988

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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, EDSON 2706 NW 72 AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12950 S.W. 128 St., #4 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #