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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90232 031 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000002312

1. Entity Name
INCAVALE TRADING LIMITED CORP.

Principal Place of Business
987 CAPTIVA DRIVE
HOLLYWOOD, FL 33019

Mailing Address
1201 BRICKELL AVENUE
SUITE 220
MIAMI, FL 33131 US

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1983 HARBOR VIEW CR.		1983 HARBOR VIEW CR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON, FL		City & State: WESTON, FL	
Zip: 33327	Country: BROWARD	Zip: 33327	Country: BROWARD

4. FEI Number: 98-0383477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M
1201 BRICKELL AVE., STE 220
MIAMI, FL 33131-3207

7. Name and Address of New Registered Agent

Name: CARLOS NEGRON
Street Address (P.O. Box Number is Not Acceptable): 1983 HARBOR VIEW CIRCLE
City: WESTON FL Zip Code: 33328

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, 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	P NEGRON, CARLOS 987 CAPTIVA DRIVE HOLLYWOOD, FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1983 HARBOR VIEW CIRCLE WESTON, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #