2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

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Entity Name: COMTRADE ENTERPRISES, INC.

Current Principal Place of Business:

MANS. GARDEN HILLS PLAZA
1353 CARR. 19, SUITE 272
GUAYNABO, P.R., PR 009662700

New Principal Place of Business:

Current Mailing Address:

MANS. GARDEN HILLS PLAZA
1353 CARR. 19, SUITE 272
GUAYNABO, P.R., PR 009662700

New Mailing Address:

FEI Number: 66-0479606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAN, FERNANDO ESQ.
ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 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: PCT ( ) Delete
Name: ESTRADA, ALBERTO
Address: MANS. GARDEN HILLS PLAZA 1353 CARR 19 #272
City-St-Zip: GUAYNABO, P.R., PR 009662700

Title: VVC ( ) Delete
Name: VALDIVIESO, LUCAS
Address: MANS. GARDEN HILLS PLAZA 1353 CARR 19 #272
City-St-Zip: GUAYNABO, P.R., PR 009662700

Title: SD ( ) Delete
Name: VALDES, SARA M
Address: MANS. GARDEN HILLS PLAZA 1353 CARR 19 #272
City-St-Zip: GUAYNABO, P.R., PR 009662700

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: ALBERTO ESTRADA PCT 04/04/2006

Electronic Signature of Signing Officer or Director — Date