

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006734

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** RAPSODY INTERTRADE, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 98-0509744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD SUITE 1050  
CORAL GABLES, FL 33134      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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALBARRACIN, ANGELA  
Address: 2121 PONCE DE LEON BLVD STE. 1050  
City-St-Zip: CORAL GABLES, FL 33134 XX

Title: PD  
Name: GALLO, MARTHA  
Address: 2121 PONCE DE LEON BLVD STE. 1050  
City-St-Zip: CORAL GABLES, FL 33134 XX

Title: SD  
Name: LOZANO, JUAN C  
Address: 2121 PONCE DE LEON BLVD. STE. 1050  
City-St-Zip: CORAL GABLES, FL 33134 XX

I hereby 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 all other like empowered.

SIGNATURE: MARTHA GALLO

PD

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date