## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 08

ANNUAL REPORT				Apr 27, 2006 08:00 A				
1. Entity Nam	MENT # F34238 e RADING CORP.				Se	ecretar	y of State	
Principal Plac 5291 N.W. 1 MIAMI, FL 3	61ST STREET	Mailing Address 529 I N.W. 161ST STREET MIAMI, FL 33014						
D	O NOT WRITE	CE	04212006 No Chg-P CR2E034 (11/05)  4. FEI Number					
6. Name and Address of Current Registered Agent  ROSENTHAL, BARRY I. 5291 NW 161ST STREET  MIAMI, FL 33014			DO NOT WRITE IN THIS SPACE					
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, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ded to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD ROSENTHAL, BARRY I. 5291 N.W. 161ST ST. MIAMI, FL	ECTORS			U0000 05/09/06	10539053 1-80086-0(	01 150.00	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: ∠

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 4-25-06

305-621-2353

Daysme Phone #