2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9700000035

Title:

Name:

Address:

City-St-Zip:

Entity Name: MIPEC TRADING INTERNATIONAL INC

FILED May 05, 2004 Secretary of State

Entity Nam	ie: MIPECTRA	ADING INTERNATIONAL, INC	∪ .		
Current Pr	incipal Place o	f Business:	New Principal Place of	New Principal Place of Business:	
3035 BAY S SARSOTA,					
Current Mailing Address:			New Mailing Address:		
3035 BAY S SARSOTA,					
FEI Number:	65-0735512	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LANG, KLA 3035 BAY S SARSOTA,	SHORE RD	JS			
The above in the State		bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	F·				
0.0		Signature of Registered Age	ent	Date	
Election Cam	paign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCP () D LANG, KLAUS 3035 BAY SHORE SARSOTA, FL 34		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X) D LANG, CHRISTIAI 3035 BAY SHORE SARASOTA, FL 3	E RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () D LANG, BARBARA 3035 BAY SHORE SARASOTA, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) D LANG, MICHAEL 2230 PACIFIC AV SAN FRANCISCO		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KLAUS LANG DCP 05/05/2004

(X) Delete

LANG, PETER

1470 FIRST AVE., #7F

NEW YORK, NY 10021

() Change () Addition