

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000002859**

1. Entity Name  
**ALL AROUND TRADING, INC.**



Principal Place of Business

**150 SE 2ND AVE  
STE 1200  
MIAMI, FL 33131**

Mailing Address

**150 SE 2ND AVE  
STE 1200  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**98-0155717**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, BORIS  
150 SE 2ND AVE STE 1200  
MIAMI, FL 33131**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PCD  
CORDOVEZ, GONZALO C  
AV. COLON 698, EDIFICIO EL DORADO  
QUITO ECUADOR,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VD  
CHAVES, MARTIN C  
AV. COLON 698, EDIFICIO EL DORADO  
QUITO ECUADOR,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SD  
CHIRIBOGA, RAQUEL C  
AV. COLON 698, EDIFICIO EL DORADO  
QUITO ECUADOR,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**TD  
DE MARCEL, CARMEN C  
AV. COLON 698, EDIFICIO EL DORADO  
QUITO ECUADOR,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VSD  
CHAVES, GONZALO C  
AV. COLON 698, EDIFICIO EL DORADO  
QUITO ECUADOR,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/28/05-80102-001 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**25-01-05**