

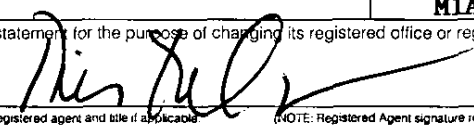
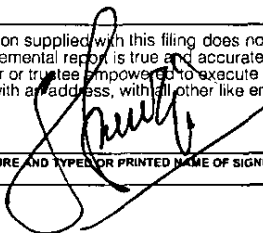


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90158 038 \*\*\*150.00

<b>DOCUMENT # F98000002859</b> 1. Entity Name <b>ALL AROUND TRADING, INC.</b>					
Principal Place of Business <b>150 SE 2ND AVE STE 1200 MIAMI, FL 33131</b>			Mailing Address <b>150 SE 2ND AVE STE 1200 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>1001 BRICKELL BAY DRIVE</b>		3. Mailing Address <b>1001 BRICKELL BAY DRIVE</b>		<div style="font-size: 24px; font-weight: bold;">40027387</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>02162006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div>	
Suite, Apt. #, etc. <b>1400</b>		Suite, Apt. #, etc. <b>1400</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>		
4. FEI Number <b>98-0155717</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSEN, BORIS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>ROSEN, BORIS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1001 BRICKELL BAY DRIVE STE 1400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>		
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  <span style="float: right;">2/17/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CORDOVEZ, GONZALO C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAVES, MARTIN C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIRIBOGA, RAQUEL C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE MARCEL, CARMEN C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHAVES, GONZALO C AV. COLON 698, EDIFICIO EL DORADO QUITO ECUADOR.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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: 		<b>GONZALO C. CORDOVEZ</b>		<b>2/16/06 (305)374-2001</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	