2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## **FILED** Feb 08, 2006 08:00 AN DOCUMENT # G13716 **Secretary of State** 1. Entity Name TRADING OVERSEAS CO., INC. Principal Place of Business Mailing Address 2030 NW 94TH AVE 2030 NW 94TH AVE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-2276571 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAUNEDO, AGUSTIN JR Street Address (P.O. Box Number is Not Acceptable) 2030 NW 94TH AVE MIAMI FL 33172 Zip Code City 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 SIGNATURÉ (NOTE: Registered Agent signature required when roinstaling) Signature typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May € 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. U00000425135 🗆 Change 🗆 Addition ☐ Delete TITLE TITLE n2/18/06-80081-015 150.00 MAME CAUNEDO, ZUNILDA NAME STREET ADDRESS STREET ADDRESS 2030 NW 94TH AVE CITY-ST-ZIP CITY-SI-ZIP MIAMI FL 33172 Adva. ☐ Change Delete TITLE NAME CAUNEDO, AGUSTIN, JR NAME STREET ADDRESS STREET ADDRESS 2030 NW 94TH AVE CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Change Addi: ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additio TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Aux"" Delete HTIF MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change ■ Add": ☐ Delete TiTLE THLE NAME SURFET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zi2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information Information with the information and present of supplied with this mining does not quality for the exemptions contained in Section 119, Florida Statutes 1 further centry that the information indicated on this report or suppliemental 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. TreAsoned 46/06

SIGNATURE: