

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30782

Entity Name: AD TRADING, CORP.

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

2917 NW 82 AVENUE
MIAMI, FL 331221037 US

New Principal Place of Business:

2917 NW 82 AVENUE
DORAL, FL 331221037 US

Current Mailing Address:

PO BOX 52-4343
MIAMI, FL 331524343 US

New Mailing Address:

FEI Number: 59-2273576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUARTE, MANUEL
2917 NW 82 AVENUE
MIAMI, FL 331221037 US

Name and Address of New Registered Agent:

DUARTE, MANUEL
2917 NW 82 AVENUE
DORAL, FL 331221037 US

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.

SIGNATURE: MANUEL DUARTE

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: DUARTE, MANUEL
Address: 2917 NW 82 AVENUE
City-St-Zip: MIAMI, FL 331221037 US

Title: SMD () Delete
Name: DUARTE, ANA
Address: 2917 NW 82 AVE
City-St-Zip: MIAMI, FL 331221037 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: DUARTE, MANUEL
Address: 2917 NW 82 AVENUE
City-St-Zip: DORAL, FL 331221037 US

Title: SMD (X) Change () Addition
Name: DUARTE, ANA
Address: 2917 NW 82 AVE
City-St-Zip: DORAL, FL 331221037 US

Title: D () Change (X) Addition
Name: DUARTE, LAURA
Address: 2917 NW 82 AVENUE
City-St-Zip: DORAL, FL 33122 US

Title: D () Change (X) Addition
Name: DUARTE, NICOLE
Address: 2917 NW 82 AVENUE
City-St-Zip: DORAL, FL 33122 US

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.

SIGNATURE: MANUEL DUARTE

PTSD

04/06/2005

Electronic Signature of Signing Officer or Director

Date