

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # J44253

1. Entity Name  
MYCO TRADING INC.



Principal Place of Business

% HOWARD D. EMORY  
9100 SOUTH DADELAND BLVD, STE 910  
MIAMI, FL 33156

Mailing Address

% HOWARD D. EMORY  
9100 SOUTH DADELAND BLVD, STE 910  
MIAMI, FL 33156



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2742121

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EMORY, HOWARD B., ESQUIRE  
9100 SOUTH DADELAND BLVD.  
SUITE 910  
MIAMI, FL 33156

**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-ST-ZIP  
PST  
GIBERGA, OVIDIO  
237 SUNRISE CAY, #203  
NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIBERGA, OVIDIO  
237 SUNRISE CAY, #203  
NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GIBERGA, REBECCA J.  
237 SUNRISE CAY, #203  
NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000235552  
02/19/05-80009-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-12-05

Date

Daytime Phone #