

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90238 032 \*\*\*150.00

**DOCUMENT # J44253**

1. Entity Name  
**MYCO TRADING INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% HOWARD D. EMORY<br/>9100 SOUTH DADELAND BLVD, STE 910<br/>MIAMI, FL 33156</b> | Mailing Address<br><b>% HOWARD D. EMORY<br/>9100 SOUTH DADELAND BLVD, STE 910<br/>MIAMI, FL 33156</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



02012006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2742121</b> | Applied For<br><input type="checkbox"/> 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**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                       |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-----------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | PST                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GIBERGA, OVIDIO       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 237 SUNRISE CAY, #203 |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NAPLES, FL 34114      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GIBERGA, OVIDIO       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 237 SUNRISE CAY, #203 |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NAPLES, FL 34114      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | V                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GIBERGA, REBECCA J.   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 237 SUNRISE CAY, #203 |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | NAPLES, FL 34114      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-06**

Date

Daytime Phone #