2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZP

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Feb 10, 2006 08:00 AM Secretary of State DOCUMENT # J83442 **OWL TRADING CORPORATION** Mailing Address Principal Place of Business 1440 BRICKELL BAY DRIVE 7987 NW 21 STREET MIAMI, FL 33122 US SUITE 707 MIAMI, FL 33131 No Chg-P 02062006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2820913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BEZERRA, ANA DO NOT WRITE 1440 BRICKELL BAY DRIVE, #707 IN THIS SPACE MIAMI, FL 33131 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 reinstaling) DATE H00000428939 02/21/06-80067-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 . Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BEZERRA, ANA MARIA MANE 1440 BRICKELL BAY DRIVE, #707 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE BEZERRA, WASHINGTON L. NAME STREET ADDRESS 1440 S BAYSHORE DR #707 MIAMI, FL 33131 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 cath, 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: ANA M. BEZERRA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #