

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90089 032 \*\*\*150.00

<b>DOCUMENT # K47377</b> 1. Entity Name EVOLUTION TRADING, INC.			
Principal Place of Business 9473 NW 49 DORAL LANE MIAMI, FL 33178-2051 US		Mailing Address 9473 NW 49 DORAL LANE MIAMI, FL 33178-2051 US	
2. Principal Place of Business 4079/81 NW 79 Ave Suite, Apt. #, etc.		3. Mailing Address 4079/81 NW 79 Ave Suite, Apt. #, etc.	
City & State Miami, FL Zip 33166 Country		City & State Miami, FL Zip 33166 Country	
4. FEI Number 65-0083396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LIEM, THWAN HOK 9473 NW 49TH DORAL LANE MIAMI, FL 33178-2051		7. Name and Address of New Registered Agent Name Liem, Thwan Hok Street Address (P.O. Box Number is Not Acceptable) 4079/81 NW 79 Ave City Miami FL Zip Code 33166	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIEM, REINALDO 9473 NW 49 DORAL LANE MIAMI, FL 331782051	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIEM, THWAN HOK 9473 NW 49 DORLA LANE MIAMI, FL 331782051	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Thwan Hok Liem 1/14/06 305-477-8179 President Date Daytime Phone #	