2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# M20199

Entity Name: MOANA TRADING CORPORATION

Current Principal Place of Business:

100 WIMBLEDON LK DR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 291617
FT LAUDERDALE, FL 33329

New Mailing Address:

FEI Number: 59-2584380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAFARGA, VICTOR
100 WIMBLEDON LK DR
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIVERO, EDUARDO SUAR, EZ
Address: 146 WIMBLEDON LAKE DR.
City-St-Zip: PLANTATION, FL

Title: MD ( ) Delete
Name: LAFARGA, VICTOR,
Address: 146 WIMBLEDON LAKE DR.
City-St-Zip: PLANTATION, FL

Title: VD ( ) Delete
Name: LAFARGA, GRACE SUARE, Z-RI
Address: 146 WIMBLEDON LAKE DR
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICTOR LAFARGA MD 04/27/2004

Electronic Signature of Signing Officer or Director — Date