


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90263 008 ***150.00

DOCUMENT # M31489	
1. Entity Name MIXNI DYNAMIC TRADE, INC.	

Principal Place of Business 9450 SUNSET DRIVE SUITE 106 MIAMI, FL 33173 US	Mailing Address 4545 N.W. 7TH STREET 12 CORAL GABLES, FL 33126 US
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20040343



2. Principal Place of Business		3. Mailing Address 4545 NW 7th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
		33126	U.S.A.

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2669692	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IZQUIERDO, NICOLAS 7901 NORTH KENDALL DRIVE MIAMI, FL 33156		700 BILTMORE WAY #1008 CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
	FL

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.

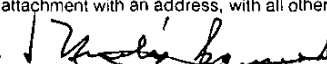
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	IZQUIERDO, NICOLAS		NAME		
STREET ADDRESS	7901 NORTH KENDALL DRIVE	700 Biltmore Way #1008	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156	Coral Gables, FL 33134	CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IZQUIERDO, JUAN CARLOS		NAME		
STREET ADDRESS	7901 NORTH KENDALL DRIVE	700 Biltmore Way #1008	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156	Coral Gables, FL 33134	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		
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 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 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:  NICOLAS IZQUIERDO 04/13/05 (305) 598 2209

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #