ITLE INV-ST-2P ITLE INV-ST-2P ITLE INV-ST-2P ITLE INV-ST-2P ITTLE INV-ST-2P IT	UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M33804 1. Entity Name TRANS TRADERS CORP.				Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90138 033 ***150.00		
Findpage state of control       Suite. Appl. #. etc.       City. Appl. #. etc.       City. Appl. #. etc.       City. Appl. #. etc.       City. Appl. #. etc.       Name         Zip       Country       Zip       Country       Zip       Country       State       Proceedings       Proceedings       State       Proceedings       Proceedings       State       Proceedings       Proceedings       State       Proceedings	0 SW 47 STR		7120 SW 47 STREET MIAMI FL 33155				
City & State City	Principal Plac	ce of Business	3. Mailing Address				
City & State       City & State       Inter Applicable         Zip       Country       Zip       Country       S. Cerviticate of Status Desired       State Address of New Registered Agent         The Address of Currient Registered Agent       Name and Address of New Registered Agent       Name and Address of New Registered Agent         NICLAN, CARLOS C.       Name and Address of New Registered Agent       Name         NAME PL 33155       Street Address (PO. Box Number is Not Acceptable)         City       FL       Zip Code         The above named entry submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. Lam familar with, and acceptable       Jobe         IGNATURE       Street Address (PO. Box Number is Not Acceptable)       Dote         The above named entry submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. Lam familar with, and acceptable       Jobe         IGNATURE       Street Address (PO. Box Number is Not Acceptable)       Dote       Jobe         IGNATURE       Street Address of Comparign Finencing       Address for Address (PO. Box Number is Not Acceptable)       Dote         IGNATURE       Or OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 11       Drange       Address         Inter       Inter       Inter	Suite, Apt. #,	etc.	Suite, Apt. #, etc.				d For
Zp     Country     Zp     Country     S. Certificate of Status Delated     Eres Required       10. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent       NOLAN, CARLOS C.     Name     Steal Address (P.O. Box Number is Not Acceptable)       7420 SW 47 STREET     Steal Address (P.O. Box Number is Not Acceptable)       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familar with, and accept the obligators of regenesid agent.     Gold Tree Bayes       CNATURE     Country     State Address TO OFFICERS AND DIRECTORS IN 11     Outre Registered Agent syntame neutral after instatement of State       0. OFFICERS AND DIRECTORS IN 11     Delete     Intel Inte	City & State		City & State		4. FEI Number 59-2688722	Not Ap	oplicable
Name     Name       NOLLAN, CARLOS C.     Street Address (PO. Box Number is Not Acceptable)       The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and acception of registaged agent.     Street Address (PO. Box Number is Not Acceptable)       The above named entry submits this statement for the purpose of changing its registered cific or registaged agent.     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       Water Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       City     FL     Zip Code       Water Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       Water Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       Water Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       City     FL     Street Address (PO. Box Number is Not Acceptable)       City     FL     Street Address (PO. Box Number is Not Acceptable)       Street Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       Operations of registreet address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Numb	Zip	Country	Zip	Country		Fee Required	nal
7420 SW 47 STREET         MMM FL 33155         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered effice or registered agent.       State of Florida. Lam familiar with, and accept agent.         GNATURE		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registere	ed Agent	
MAMI FL 33155  City  FL  Zp Code  FL  Zp Code  City  FL  Zp Code  FL  Zp Code FL	nclan, ca	RLOS C.		Street Addres	s (P.O. Box Number is Not Acceptable)		<u>-</u> .
City     FL     Zip Code       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. Lan familiar with, and accept the obligations of registered agent. <u>300 vloca</u>							
the obligations of registering agent.       June       June       June         GNATURE       Signifum: Node or primate name of registering agent and time application.       (NOTE: Registering on counted when investating)       June         FILE NOW!!! FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       9. Election Campaign Financing       \$55.00 May Be         After May 1, 2003 Fee will be \$550.00       Int.       Added to Fees       Added to Fees         0.       OFFICERS AND DIRECTORS       I1.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         0.       OFFICERS AND DIRECTORS       Int.       Maded to Fees         NAME       INCLAN, CARLOS C.       SHET ADDRSS       ChrSt.2P         MAME       INCLAN, CARLOS C.       SHET ADDRSS       ChrSt.2P         MAME       INCLAN, CARLOS C.       SHET ADDRSS       ChrSt.2P         MAME       Change       Addition       Change       Addition         MAME       Change       Change       Addition       Change       Addition         MAME       Change       Intle       MAME       STREET ADDRSS       Change       Addition         MAME       STREET ADDRSS       ChrSt.2P       Change       Addition       Change       Addition         MAE       STREET	Miami FL 33	3155		City	F	Zip Code	
the obligations of registing agent.  GNATURE  GN	The above n	named entity submits this statemen	t for the purpose of changing i	its registered office or regi	stered agent, or both, in the State of Florida. I a	am familiar with, and	d accept
September Handback       State       State </th <th>the obligatio</th> <th>ons of registered agent.</th> <th>0 1</th> <th></th> <th>2/2</th> <th>103</th> <th></th>	the obligatio	ons of registered agent.	0 1		2/2	103	
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