

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90254 041 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                                                                                             |                                                                                                                                     |
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| <b>DOCUMENT # M50596</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                            |                                                                                                                                     |
| 1. Entity Name<br><b>IPANEMA TRADING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                                                                                             |                                                                                                                                     |
| Principal Place of Business<br>5573 NW 72ND AVENUE<br>MIAMI, FL 33166 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | Mailing Address<br>5573 NW 72ND AVENUE<br>MIAMI, FL 33166 US                                                                                |                                                                                                                                     |
| 2. Principal Place of Business<br><i>8810 N.W. 24th Terrace</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           | 3. Mailing Address<br><i>3441 N.W. 121st Ave</i>                                                                                            |                                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Suite, Apt. #, etc.                                                                                                                         |                                                                                                                                     |
| City & State<br><i>Miami - FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           | City & State<br><i>SURPRISE - FL</i>                                                                                                        |                                                                                                                                     |
| Zip<br><i>33172</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Zip<br><i>33323</i>                                                                                                                         |                                                                                                                                     |
| Country<br><i>USA</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | Country<br><i>Broward</i>                                                                                                                   |                                                                                                                                     |
| 4. FEI Number<br><b>59-2795612</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                      |                                                                                                                                     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                                                             |                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>QUINTELA, PABLO L.</b><br><b>5477 NW 72ND AVE.</b><br><b>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                                                     |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                                                                             |                                                                                                                                     |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                      |                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                       |                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PSD<br>QUINTELA, PABLO L<br>5573 NW 72ND AVE<br>MIAMI, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <i>8810 N.W. 24 Terrace</i><br><i>Miami - FL 33172</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| 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: <i>P. Quintela</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           | <i>4-28-04 305-905-4858</i>                                                                                                                 |                                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | Date Daytime Phone #                                                                                                                        |                                                                                                                                     |