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May 04, 2001 8:00 am
Secretary of State

05-04-2001 90120 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001

DOCUMENT # P00000001304

1. Corporation Name

MX3 TRADING CORP.

Principal Place of Business

5209 NW 74 Ave.
Suite # 202
Miami, FL 33166

Mailing Address

5209 NW 74 Ave.
Suite # 202
Miami, FL 33166

00046860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 5, 2000

2. Principal Place of Business

21 5209 NW 74 Ave

Suite, Apt. #, etc.

22 #202

City & State

23 Miami, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 5209 NW 74 Ave

Suite, Apt. #, etc.

27 #202

City & State

28 Miami, FL

Zip

29 33166

Country

30 USA

4. FEI Number

65-0974257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax

Yes No

9. Name and Address of Current Registered Agent

Michelle C. Diaz
370 SW 17 Road
Miami, FL 33129

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box number is Not Accepted)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Michelle C. Diaz
STREET ADDRESS 370 SW 17 Road
CITY, ST, ZIP Miami, FL 33129

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR