

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -3 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000015450

1. Entity Name

WINDSOR TRADING USA, INC.

**DO NOT WRITE IN THIS SPACE**

500005767495--9  
-06/14/02--01064--009  
\*\*\*\*308.75 \*\*\*\*308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13920 SW 139TH CT.  
Suite, Apt. #, etc.

3. Mailing Address  
13920 SW 139TH CT.  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
NONE  
Applied For  
Not Applicable

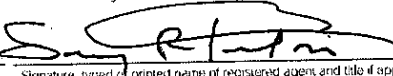
Zip  
33186  
Country  
USA

Zip  
33186  
Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Sergio R. Penton  
Street Address (P.O. Box Number is Not Acceptable)  
780 NW LeJeune Rd.  
#427  
City Miami FL 33126

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.  
SIGNATURE  Sergio R. Penton CPA. 04/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	201.25-AR
NAME	Eduardo Nader	NAME	10.00-ARARTS
STREET ADDRESS	13920 SW 139th Ct.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33186	CITY-ST-ZIP	
TITLE	D	TITLE	88.75-ARAPP
NAME	Fernando Nader	NAME	8.75-CERT
STREET ADDRESS	13920 SW 139th Ct.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33186	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Wadith Nader	NAME	
STREET ADDRESS	13920 SW 139th Ct.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like entries.

SIGNATURE:  W. Nader  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034B (12/01)