

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000018655</b>	
1. Entity Name TRADE ZONE GROUP, INC.	
Principal Place of Business 2900 GLADES CIRCLE 850 WESTON, FL 33327	Mailing Address 2900 GLADES CIRCLE 850 WESTON, FL 33327



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1024159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

BRICENO, ELIZABETH  
2900 GLADES CIRCLE  
SUITE 850  
WESTON, FL 33327

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE	D
NAME	MARAVAR, JOSE
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY - ST - ZIP	WESTON, FL 33327
TITLE	P
NAME	BRICENO, ELIZABETH
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY - ST - ZIP	WESTON, FL 33327
TITLE	T
NAME	MARAVAR, OLGA
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY - ST - ZIP	WESTON, FL 33327
TITLE	V
NAME	BRICENO, PAUL
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY - ST - ZIP	WESTON, FL 33327
TITLE	S
NAME	CALDERA, ERNESTO
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY - ST - ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/16/05-80037-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2005  
Date

(954)3490351  
Daytime Phone #