

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90393 016 \*\*\*150.00

<b>DOCUMENT # P00000028530</b>																								
<b>1. Entity Name</b> FIRSTLINE TRADE, INC																								
<b>Principal Place of Business</b> 9441 SW 65 STREET MIAMI, FL 33173			<b>Mailing Address</b> 9441 SW 65 STREET MIAMI, FL 33173																					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																						
City & State		City & State																						
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1004018																				
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																				
<b>6. Name and Address of Current Registered Agent</b>  FRIGOLA, LEONOR A 9441 SW 65 STREET MIAMI, FL 33173			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">ADOLFO C. FRIGOLA</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">9441 SW 65 ST</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2">MIAMI</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td colspan="2">33173</td> </tr> </table>			Name	ADOLFO C. FRIGOLA					Street Address (P.O. Box Number is Not Acceptable)	9441 SW 65 ST					City	MIAMI		FL	Zip Code	33173	
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Street Address (P.O. Box Number is Not Acceptable)	9441 SW 65 ST																							
City	MIAMI		FL	Zip Code	33173																			
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: </td> <td style="width:30%; text-align: center;">PRESIDENT</td> <td style="width:40%; text-align: right;">4/8/05</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">                     (NOTE: Registered Agent signature required when reinstating)                 </td> </tr> </table>						SIGNATURE:	PRESIDENT	4/8/05	(NOTE: Registered Agent signature required when reinstating)															
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																					
TITLE	D		TITLE	PRESIDENT																				
NAME	FRIGOLA, LEONOR		NAME	ADOLFO C. FRIGOLA																				
STREET ADDRESS	9441 SW 65 STREET		STREET ADDRESS	9441 SW 65 ST																				
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI FL 33173																				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
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CITY-ST-ZIP			CITY-ST-ZIP																					
<b>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.</b>																								
<b>SIGNATURE:</b>			ADOLFO C. FRIGOLA																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/05																					
Day			Daytime Phone #																					