2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030194

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2005 Secretary of State

Entity Nam	ie: COME	T TRADING CORPC	RATION			
Current Principal Place of Business:				New Principal Place of Business:		
7262 SW 48TH STREET MIAMI, FL 33155				4713 SW 72 AVENUE 101-A MIAMI, FL 33155		
Current Mailing Address:				New Mailing Address:		
7262 SW 48TH STREET MIAMI, FL 33155				4713 SW 72 AVENUE MIAMI, FL 33155		
FEI Number: (65-0999004	FEI Number Appli	ed For () FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MASHALY, 11000 SW 3 MIAMI, FL 3	32 STREE	T JS				
The above r	named ent of Florida.	ity submits this staten	nent for the purpose o	f changing it	s registered	d office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PVPS MUNGUIA, I 12022 SW MIAMI, FL	77 TERRACE		Title: Name: Address: City-St-Zip:		(X) Change () Addition MADHY HASSAN 7 TERRACE 33183
Title: Name: Address: City-St-Zip:	T OTERO, JO 12391 SW MIAMI, FL	77 TERRACE		Title: Name: Address: City-St-Zip:	T LAM OTERO 12391 SW 7 MIAMI, FL 3	7 TERRACE
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	CEO MUNGIA, HU 12022 SW 7 MIAMI, FL 3	7 TERRAS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ

LAM, PAULINA

PINECREST, FL 33156

() Change (X) Addition

9655 SOUTH DIXIE HWY SUITE 117

SIGNATURE: PAULINA LAM VP 03/24/2005

() Delete