

FLORIDA  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DEPARTMENT OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 24 PM 3:07

DOCUMENT # **BRD EXPRESS TRADING CORP.**

1. Corporation Name  
**16919 N. BAY RD., UNIT 203  
NORTH MIAMI, FLA. 33160**

Principal Place of Business  
**9621 FONTAINEBLEAU BLVD. #611  
MIAMI, FL. 33172**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-1007718		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		3. Date Incorporated or Qualified		3a. Date of Last Report	
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

**BAIARD D'ANDREA  
16919 N. BAY RD., #203  
NORTH MIAMI, FL. 33160**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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]* DATE **3/7/01**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		800004618518--9	
STREET ADDRESS		-10/01/01--01077--011	
CITY-ST-ZIP		****150.00 ****150.00	
1.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 STREET ADDRESS			
1.3 CITY-ST-ZIP			
2.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 STREET ADDRESS			
2.3 CITY-ST-ZIP			
3.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 STREET ADDRESS			
3.3 CITY-ST-ZIP			
4.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 STREET ADDRESS			
4.3 CITY-ST-ZIP			
5.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 STREET ADDRESS			
5.3 CITY-ST-ZIP			
6.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 STREET ADDRESS			
6.3 CITY-ST-ZIP			
7.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7.2 STREET ADDRESS			
7.3 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *[Signature]* DATE **3/7/01** (305) 678-9224

SP