


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90168 017 ***150.00

DOCUMENT # P00000042212 1. Entity Name TRADE INN INTERNATIONAL, INC.			
Principal Place of Business 1748 79TH STREET KENNEDY CAUSEWAY NORTHBAY VILLAGE, FL 33141		Mailing Address 1748 79TH STREET KENNEDY CAUSEWAY NORTHBAY VILLAGE, FL 33141	
2. Principal Place of Business 1932 NE 163 ST Suite, Apt. #, etc.		3. Mailing Address 1932 NE 163 ST. Suite, Apt. #, etc.	
City & State N Miami Bch FL Zip 33162 Country US		City & State N Miami Bch FL Zip 33162 Country US	
4. FEI Number 65-1002673		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSSAIN, MOHAMMAD AZIM 304 S.W. 85 TERRACE PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7610 Stirling Rd # C203 City Holly wood FL Zip Code 33024	
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 <u>Md. Azim Hossain</u> <u>Mohammad A HOSSAIN</u> DATE <u>04/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HOSSAIN, MOHAMMAD AZIM <input type="checkbox"/> Delete STREET ADDRESS 304 S.W. 85 TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33025	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7610 Stirling Road # C203 STREET ADDRESS Holly wood FL 33024 CITY-ST-ZIP		
TITLE VPD NAME HASAN, REHANA <input type="checkbox"/> Delete STREET ADDRESS 1400 N.W. 80TH WAY CITY-ST-ZIP PLANTATION, FL 33322	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Md. Azim Hossain</u> <u>Mohammad A Hossain</u> <u>Pres</u> <u>04/11/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			