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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91807 036 ***150.00

DOCUMENT # P00000042720

1. Entity Name
HELICARGO TRADING, INC.

Principal Place of Business	Mailing Address
7370 NW 36 STREET 105G MIAMI FL 33166	7370 NW 36 STREET 105G MIAMI FL 33166

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
706 NW. 111 PLACE	706 NW 111 PLACE
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 Country USA	Zip 33172 Country USA

4. FEI Number 65-1007403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TABLADA, AMARANTA
1735 SW 15 STREET
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name TABLADA, AMARANTA
Street Address (P.O. Box Number is Not Acceptable) 706 NW. 111 PLACE #4
City MIAMI FL Zip Code 33172

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] [signature] x 4/30/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABLADA, AMARANTA 1735 SW 15 STREET MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABLADA, AMARANTA 706 NW 111 PLACE #4 MIAMI, FL 33172	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] AMARANTA TABLADA x 4/30/03 (305) 559-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #