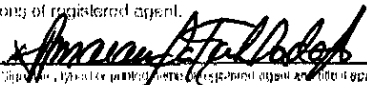


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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 7370 NW 36 STREET 105G MIAMI FL 33166		Mailing Address 7370 NW 36 STREET 105G MIAMI FL 33166	
2. Principal Place of Business 706 NW 111 PLACE Suite, Apt. #, etc. #4		3. Mailing Address 706 NW 111 PLACE 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		☐ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required		☐ Applied For ☐ Not Applicable	
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 33172	
8. I, the undersigned, certify that this statement is 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: 		DATE: 4/30/03	
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 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		DATE: 4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	