
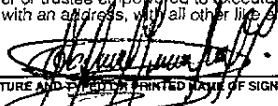


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000057311			
1. Entity Name ORCHID TRADING, INC.			
Principal Place of Business 169 E. FLAGLER ST 1035 MIAMI, FL 33131		Mailing Address 169 E. FLAGLER ST 1035 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE			
		03082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1037190	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRERO LEON, OLGA L 7050 NW 177 ST. APT 202 MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE	
TITLE	PST		
NAME	BARRERO LEON, OLGA L		
STREET ADDRESS	7050 NW 177 STREET, APT 202		
CITY - ST - ZIP	MIAMI, FL 33015		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 04-01-05	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	