

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90160 013 ***150.00

DOCUMENT # P00000062239



1. Entity Name
INNOVATIVE TRADING INCORPORATED

Principal Place of Business
10853 S.W. 158 LANE
MIAMI FL 33157

Mailing Address
10853 S.W. 158 LANE
MIAMI FL 33157



2. Principal Place of Business
8618 NW 192nd LANE
Suite, Apt. #, etc.

3. Mailing Address
8618 NW 192nd LANE
Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number 65-1023363

Applied For
Not Applicable

Zip Country
33015 DADE

Zip Country
33015 Dade

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THORPE, MARCIA
10853 S.W. 158 LANE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 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	PD	<input type="checkbox"/> Delete
NAME	THORPE, MARCIA	
STREET ADDRESS	10853 SW 158TH LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORPE, KIRK	
STREET ADDRESS	10853 SW 158TH LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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)(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: MARCIA THORPE 4/14/2003 305-685-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)