

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90298 002 ***150.00

DOCUMENT # P00000082794

1. Entity Name

TRADING SOLUTIONS, INC.



Principal Place of Business

761 N PINE ISLAND ROAD
213
PLANTATION FL 33324

Mailing Address

761 N PINE ISLAND ROAD
213
PLANTATION FL 33324

2. Principal Place of Business

117 LAKE EMERALD DRIVE

Suite, Apt. #, etc.

#301

3. Mailing Address

117 LAKE EMERALD DRIVE

Suite, Apt. #, etc.

#301

City & State

OAKLAND PARK, FL

Zip

33309

Country

BROWARD

City & State

OAKLAND PARK, FL

Zip

33309

Country

BROWARD

4. FEI Number

65-1041394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, OSCAR
761 N PINE ISLAND ROAD
APT #213
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name ALFONSO, OSCAR

Street Address (P.O. Box Number is Not Acceptable)

117 LAKE EMERALD DRIVE #301

City

OAKLAND PARK

FL

Zip Code

33309

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] OSCAR ALFONSO SECRETARY/TREASURY 4/27/04

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, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALFONSO, ROQUE S	
STREET ADDRESS	8900 NW 53RD CT.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	VILLAMIZAR, INES	
STREET ADDRESS	8900 NW 53RD CT.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALFONSO, OSCAR	
STREET ADDRESS	8900 NW 53RD COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, ROQUE S	
STREET ADDRESS	117 LAKE EMERALD DRIVE, #301	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIZAR, INES	
STREET ADDRESS	117 LAKE EMERALD DRIVE #301	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, OSCAR	
STREET ADDRESS	117 LAKE EMERALD DRIVE #301	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 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] OSCAR ALFONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

954-868-7297

Daytime Phone #