2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Jun 01, 2004 8:00 am **Secretary of State DOCUMENT # P00000095477** 05-05-2004 90251 020 ***150.00 EXXÁ TRADING, INC. Mailing Address Principal Place of Business 8335 N.W. 68TH STREET . 8335 N.W. 68TH STREET 00423661 MIAMI, FL 33166 MIAMI, FL 33166 -Mailing Address 88 90 Sw 624 ST # 219 2. Principal Place of Business 04162004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For MIAMI. MIAMI, FL 33165 65-1045315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rene Torres GAMARRA, NICOLAS M Street Address (P.O. Box Number is Not Acceptable) 8335 N.W. 68TH STREET MIAMI, FL 33166 8890 SW 245T #219 City MIAMI, FL 33165 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE Change ☐ Addition TITLE DIPPO, MUNIR X C NAME NAME RUA BENEDITO G. NASCIMENTO, 114 JD CHAPADA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEP 13070-520 BRAZIL, City-ST-ZiP TITLE ☐ Change ☐ Addition NAME CHIQUIE, MARCO A NAME RUA BENEDITO G. NASCIMENTO, 114 JD CHAPADA STREET ADDRESS STREET ADDRESS CEP 13070-520 BRAZIL, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete .NAME .- .-_. _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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2004 IN PROFIT CORPORATION ANNUAL REPORT

Attachment

5/5/2004-90251-020-\$150.00-\$150.00

DOCU! 1. Entity Nam EXXA TR	18	# P00000	09547	7	· •• · · ·			A	tha	ch	me	nt
Principal Place of Business Mailing Address 8335 N.W. 68TH STREET 8335 N.W. 68TH STREET MIAMI, FL 33166 MIAMI, FL 33166								Colo 425661				
2. Principal Place of Business 8890 Seb 24 ST # 319 3. Mailing Address 8890 Seb 24 ST # 319 Suite, Apt. #, etc.						#219		04302004	Chg-P	CR	2E034 (10/03)	
City & Stall	ni, Fi	3316	5	City & State M / A m /	FL 3	33165		4. FEI Numb				pplied For ot Applicable
Zip		Country		Zip	Count				of Status Desi		\$8.75 Ad Fee Require	
	6. Name	and Address of Cu	irrent Regis	itered Agent		Name	>		Address of N	lew Register	ed Agent	
	-68TH ST	ASM			- · 	_Street Add	90 P	1000 0 Box Numb 54) 2 Y	er is Not Accel	219	<u> </u>	
Ç			/ :			City M	IAn	<u>,</u> N/			EL Zip go	9165
8. The above the obligate SIGNATURE.	named entil	ly submits this stated teres agent.	en/for the	purpose of chang	ing its registere	ed office or r	egistere	ed agent, or bo	th, in the State 4/20	of Florids. I	am familiar with	, and accept
0.0.0.0.1.0.1.2.	Signatule, lythe	printed name of registers		lf applicable.	(NOTE: Registered	d Agent signature	s required v	when reinstating)		DA	TΕ	
		FEE IS \$150.0 4 Fee will be \$			ampaign Finan Contribution.	icing,		DO May Be d to Fees	·, ·-		y.k.s	
10.		OFFICERS	AND DIRE	CTORS	112			ADDITIONS	CHANGES TO	OFFICERS.	AND DIRECTOR	S IN 11
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	on this reportion or to or on an att	ne information supplied ort or supplemental re the receiver or truste achment with an ack										

See attached UBR.