

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 006 ***150.00

DOCUMENT # P00000096694 1. Entity Name TRADERS INTERNATIONAL EXPORT, INC.					
Principal Place of Business 5805 WASHINGTON ST. #16 HOLLYWOOD, FL 33023			Mailing Address P BOX 187 DANIA BEACH, FL 33004		
2. Principal Place of Business 3801 S. OCEAN DRIVE Suite, Apt. #, etc. 9V			3. Mailing Address Suite, Apt. #, etc.		
City & State HOLLYWOOD, FL.			City & State		
Zip 33019		Country U.S.A.		Zip	
Country		4. FEI Number 65-1045737			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLER, ROBERT 5805 WASHINGTON ST. #16 HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name GOLER ROBERT Street Address (P.O. Box Number is Not Acceptable) 3801 S. OCEAN DRIVE #9V City HOLLYWOOD FL Zip Code 33019		
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 <u><i>Robert Goler</i></u> ROBERT GOLER DATE 4/17/06 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when renouncing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GOLER, ROBERT 5805 WASHINGTON ST., #16 HOLLYWOOD, FL 33023		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u><i>Robert Goler</i></u> ROBERT GOLER DATE 4/17/06 954-457-9987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02272006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

Zip Code
33019