## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P00000104763** NADÁL TRADING CORP. Principal Place of Business Mailing Address ALVIN NADAL ALVIN NADAL 8603 SW 103 ST. 8603 SW 103 ST. MIAMI, FL 33156 MIAMI, FL 33156 04272005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-1057003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NADAL, ALVIN 8603 SW 103 ST. MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. PRTD TITLE NADAL, ALVIN NAME STREET ADDRESS 360 N.W. 67TH ST. #207 CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME U0000348006 STREET ADDRESS 05/02/05-80005-022 150.00 CRY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME 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 bystee 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 an other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

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