2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00111

Entity Name: ELDORADO TRADING CORPORATION

FILED May 01, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1500 N.W. 95 AVENUE 1665 N.W. 102 AVENUE DORAL, FL 33172

SUITE 103 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

P.O. BOX 52-3302 1665 N.W. 102 AVENUE

MIAMI, FL 33152 SUITE 103 MIAMI, FL 33172

FEI Number: 59-2513592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUZ, GLORIA ALHAMBRA REGISTERED AGENTS, INC.

1500 NW 95 2 ALHAMBRA PLAZA

DORAL, FL 33172 US SUITE 1202 CORAL GABLES, FL 33134 US

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.

SIGNATURE: JOEL J. KARP 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ISAZA, LUIS FERNANDO TABER, COLLEEN Name: Name: 1500 NW 95 AVE 1665 N.W. 102 AVENUE, SUITE 103 Address: Address:

City-St-Zip: DORAL, FL 33172 City-St-Zip: MIAMI, FL 33172

Title: Title: VΡ () Delete (X) Change () Addition

GILLILAND, KRISTIN CRUZ, GLORIA Name: Name:

1500 NW 95 AVE 1665 N.W. 102 AVENUE, SUITE 103 Address: Address:

DORAL, FL 33172 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

Title: VPSD Title: VSD () Delete (X) Change () Addition

KARP, JOEL J KARP, JOEL J Name: Name:

2 ALHAMBRA PLAZA STE 1202 2 ALHAMBRA PLAZA STE 1202 Address: Address:

City-St-Zip: CORAL SPRINGS, FL City-St-Zip: CORAL GABLES, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL J. KARP **VPSD** 05/01/2006