## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90409 019 \*\*\*150.00

DOCUMENT #  1. Entity Name	Por	0000	20414	
D.F. TRA	DING.	. INC	1.	•

DO NOT WRITE IN THIS  2. Principal Place of Business 3291 W. SUNRISE BLUD Suite, Apt. #, etc.  P19 - S19  City & State FT LAUDERBALE, FL  Zip 33311  Country USA  Suite, Apt. #, etc.  Zip 333166	1 7L Country	B00687.33  DO NOT WRITE IN THIS SPACE  4. FEI Number 65 - 1080 > 46 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of change	8550 City MIA	P.O. Box Number is Not Acceptable)  NW 56 ST  HM1 FL Zip 33e 66  red agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered spent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  Am	(NOTE: Registered Agent signature required 1 - May 1 Fee is \$150.00 r May 1, Fee is \$550.00 lended UBR is \$61.25 Payable to Department of Sta	d when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees
11. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO STREET ADDRESS  CITY-ST-ZIP  TO STREET ADDRESS  CITY-ST-ZIP	THTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME -STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13.   hereby certify that the information supplied with this filing does not que	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP alify for the exemption stated in Se	ection 119.07(3)(i), Florida Statutes, t 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: A

NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINT