2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # P01000021469 1. Entity Name 04-15-2005 90101 032 ***150.00 GENERAL TRADING CENTER, INC. Principal Place of Business Mailing Address 469 NE 167 ST. MIAMI FL 33162 PO BOX 640542 MIAMI FL 33164 20034219 2. Principal Place of Business 1309 W. Sunrise Blid Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For FLORIDA 65-1086226 Miami 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 Street Address (P.O. Box Number is Not Acceptable) GHAITH, KHALED 469 NE 167 ST. **MIAMI FL 33162** 8. The above named entity submits this statement for the p e of chanding its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change Change HAITH, Khuleu P.OBOX G40542 Miami, FL 33164 VD GHAITH, TBRAHIM PO-BOX G40542 Miami, FL 3316 U Change Addition TITLE TITLE Delete GHAITH, KHALED NAME STREET ADDRESS 14827 SW 139 P STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP VD TITLE ☐ Delete NAME GHAITH, IBRAHIM NAME 6714 MISSION CLUB #212 STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME PHILIAS, DAPHNEE NAME STREET ADDRESS 1340 N.E. 144TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 CITY-ST-ZIP Addition TIFLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED