

DOCUMENT # P01000025444

1. Entity Name
LORAIN TRADING SERVICES INC.

FILED

04 MAR 19 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3117104

305-728-1319

Principal Place of Business
0-11 00001-00 000000001-0-0000-00
0000-00 00-00 10

Mailing Address
0-11 00001-00 000000001-0-0000-00
0000-00 00-00 10

2. Principal Place of Business
2655 LeJune Rd
Suite, Apt. #, etc.
#507
City & State
Coral Gables Fl.
Zip
33134
Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-1090537

Applied For
Not Applicable

5. Certificate of Status Desired
X
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALVEZ-PREIGO, JORGE
C/O LEON URDANETA CALZADILLA & PEREZBURELL
888 BRICKELL AVE, 5 FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Juan Vicente Urdaneta
Street Address (P.O. Box Number is Not Acceptable)
2655 LeJune Rd. #507
City
Coral Gables
FL
Zip Code
33134

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
[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/17/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PALMISANO, CHRISTIAN
888 BRICKELL AVE, 5 FLOOR
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2655 LeJune Rd, #507
Coral Gables, Fl. 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100030933321
03/23/04--01072--013 **158.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07 (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 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
CHRISTIAN PALMISANO
Signature and typed or printed name of signing officer or director

DATE
3/17/04

DAYTIME PHONE
305-728-1319