2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90173 011 ***150.00

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04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000030438

1. Entity Name
X Y Z TRADING GROUP, INC.

Principal Place of Business	Mailing Address
5521 NW 74TH AVE MIAMI, FL 33166	5521 NW 74TH AVE MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1095601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCAMPO, GONZALO
100 KINGS POINT DR, APT 1406
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name: OCAMPO GONZALO
Street Address (P.O. Box Number is Not Acceptable)
4352 NW 109 PL
City: DORAL FL **FL** Zip Code: 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OCAMPO, GONZALO 7840 NW 14 STREET PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VERA, GLORIA P CARRERA 76 #689, APT 402 CALI, COLOMBIA, SA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OCAMPO GLORIA PATRICIA 4352 NW 109 PL DORAL FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FATTAL, MICHEL CARRERA 7 #181 MATURIN MUNAGAS, VENZUELA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 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: _____ Gonzalo OCAMPO 04-23-04 305-899-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #