


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90199 021 ***150.00

DOCUMENT # P01000030438 1. Entity Name X Y Z TRADING GROUP, INC.					
Principal Place of Business 5521 NW 74TH AVE MIAMI, FL 33166			Mailing Address 5521 NW 74TH AVE MIAMI, FL 33166		
2. Principal Place of Business <i>5521 N.W. 74 AV</i>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>MIAMI FL 3</i>			City & State		
Zip <i>33166</i>		Country <i>U.S.A</i>		Zip	
Country		4. FEI Number 65-1095601		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OCAMPO, GONZALO 4352 NW 109 PL DORAL, FL 33178				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <i>[Signature]</i> <u>OCAMPO GONZALO</u> <u>05-12-05</u> <small>Signature, typed or printed name of officer or director, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OCAMPO GONZALO 4352 N.W. 109 PL DORAL FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VERA, GLORIA P 4352 NW 109 PL DORAL, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV OCAMPO GLORIA PATRICIA 4352 N.W. 109. PL DORAL FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FATTAL, MICHEL CARRERA 7 #181 MATURIN MUNAGAS, VENZUELA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>05-12-05</u> Daytime Phone # <u>305-8875500</u>	

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