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FILED
Jun 23, 2002 8:00 am
Secretary of State
05-13-2002 90095 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030676

1. Entity Name
International Forex Trading Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9131 SW 142 path	9131 SW 142 path
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33186 Country: US	Zip: 33186 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 - 1091558 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lamas Carlos

Street Address (P.O. Box Number is Not Acceptable)

9131 SW 142 path

City: Miami FL Zip: 33186

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criterion back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Carlos Lamas 9131 SW 142 Pl Miami Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Efrain Garcia 5900 SW 127 ave # 3414 Miami Fl 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jorge E. Hernandez 39 NW 75 ave Miami Fl 33126
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #