FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91900 019 ***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	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami FL	City & State: Miami	4. FEI Number: 65-1091558 ☐ Applied For ☐ Not Applicable
Zip: 33186 Country: US	Zip: 33186 Country: US	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 Code: 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 criteria on 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 P NAME Lamas Carlos STREET ADDRESS 9131 SW 142 path CITY-ST-ZIP Miami FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME Garcia Efrain STREET ADDRESS 5900 SW 12 Ave # 3414 CITY-ST-ZIP Miami FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD NAME Hernandez Jorge E STREET ADDRESS 39 NW 75 Ave CITY-ST-ZIP Miami FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)