FILED
May 07, 2004 8:00 am
Secretary of State

03-09-2004 90019 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AA)

3/9

DOCUMENT # P01000035917

1. Entity Name
GI FRA TRADE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
[redacted] MIAMI FL [redacted]2-0001 6704 SW 134 PL Miami FL 33183	PO BOX 524436 MIAMI FL 33152-0001

MOORE CR2E034 (11/03)

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

4. FEI Number 65-1127990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~VASQUEZ, JEFFREY~~
[redacted]
~~MIAMI FL 33165~~
6704 SW 134 Pl
Miami FL 33183

7. Name and Address of New Registered Agent

Name: ARAceli Suazo Alessandri
Street Address (P.O. Box Number is Not Acceptable): 6704 SW 134 PL
[redacted] Zip 33183
City: MIAMI FL Zip Code [redacted]

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] 30MAR04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 SUARZO, ARACELI PO BOX 524436 MIAMI FL 33152-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suazo Alessandri Araceli	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VASQUEZ, JEFFREY PO BOX 524436 MIAMI FL 33152-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jeffrey Vasquez 6704 SW 134 PL Miami FL 33183	☐ 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
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: [signature] 25MAR04 305-385-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #