

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 050 ***158.75

DOCUMENT # P01000051315					
1. Entity Name TRADE USA INC					
Principal Place of Business 7810 S. FLORIDA AVE. FLORAL CITY, FL 34436			Mailing Address PO BOX 32 FLORAL CITY, FL 34436		
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 59-3719126	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASHRAF, MOHAMMAD 7810 S. FLORIDA AVE. FLORAL CITY, FL 34436			Name ASHRAF, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 996 PRITCHARD ISLAND ROAD City INVERNESS FL Zip Code 34450		
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 (MOHAMMAD ASHRAF)			DATE 04-15-05		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing <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 ASHRAF, MOHAMMAD 13542 HAWK LAKE DR ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ASHRAF, MOHAMMAD 996 PRITCHARD ISLAND ROAD INVERNESS FL 34450	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			DATE 04-15-05 352-726-8111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

50040801



04142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3719126

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **ASHRAF, MOHAMMAD**

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

996 PRITCHARD ISLAND ROAD

City **INVERNESS** **FL** **Zip Code** **34450**

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 **(MOHAMMAD ASHRAF)**

DATE **04-15-05**

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13542 HAWK LAKE DR
ORLANDO, FL 32837

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