2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00.A Secretary of State

| ANNUAL REPORT | | | | , 🌲 red u9, 2000 u8:00-7 | | | |
|---|----------------------------------|---|----------------------------|-----------------------------------|---------------------|---------------------|--|
| DOCUMENT # P0100 1. Entity Name ALCA TRADING, CORPORA | | 7* | | | Sec | cretary | of Stat |
| Principal Place of Business 5301 BLUE LAGOON DR SUITE 570 MIAMI, FL 33126 US | 5301 Suite | Address BLUE LAGOON DR 570 , FL 33126 US | | | | | |
| DO NOT WI | RITE IN | THIS SPA | CE | 02062006 4. FEI Numb 65-111 | No Chg-P | CR2E034 (11 | Applied For Not Applicable Additional |
| GONZALES, GUSTAVO 5396 NW 106 COURT MIAMI, FL 33178 8. The above named entity submits this s the obligations of registered agent. | tatement for the purpo | se of changing its register | red office or registe | IN - | NOT WI | ACE | with, and accept |
| SIGNATURE Signature, typed or printed name of re | gistered agent and title if appl | icable. (NOTE Register | ed Agent signature require | d when reinstating) | <u> </u> | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Slection Campaign Financing \$5 | | .00 May Be | U00000 02/20/06- | 427248 80075-023 | 150.00 |
| 10. OFFI TITLE P NAME GUERRERO, JUAN CA STREET ADDRESS 5301 BLUE LAGOON E MIAMI, FL 33126 TITLE MDST NAME GUERRERO, ALVARO STREET ADDRESS 5301 BLUE LAGOON E GITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS | OR SUITE 570 | as | | | | | |
| SIREEL ADDRESS CITY-ST-ZIP TITLE NAME SIREEL ADDRESS | <u> </u> | | | | NOT W THIS SP | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TYPED OR PRINTED NAME

SIGNATURE: 🗘

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ACUARO 605005000

2-7-06

(305) 265-833