

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90026 008 \*\*\*150.00

**DOCUMENT # P01000086638**

1. Entity Name

**PROACTIVA TRADING USA CORP.**



Principal Place of Business

**11356 NW 56 ST.  
MIAMI FL 33178**

Mailing Address

**11356 NW 56 ST.  
MIAMI FL 33178**

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 **59-3742168**

Applied For  
Not Applicable

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

**COLLADO, SALVADOR JOSE  
11356 N.W. 56TH STREET  
MIAMI FL 33179**

Name **COLLADO, SALVADOR JOSE**

Street Address (P.O. Box Number is Not Acceptable)  
**4205 WEST 16AV**

City **HIALEAH**

**FL**

Zip Code **33012**

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 *Salvador J. Collado* **SALVADOR J. COLLADO**

**03/01/04**

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 **PD** ☐ Delete  
NAME **COLLADO, SALVADOR JOSE**  
STREET ADDRESS **11356 N.W. 56TH STREET**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PD** ☒ Change ☐ Addition  
NAME **COLLADO, SALVADOR JOSE**  
STREET ADDRESS **4205 WEST 16AV.**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VPD** ☐ Delete  
NAME **GONZALEZ, MARGARIT**  
STREET ADDRESS **6500 NW 114 AVE., UNIT 1021**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **GONZALEZ, MARGARITA**  
STREET ADDRESS **4205 WEST 16AV.**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Salvador J. Collado* **SALVADOR COLLADO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/04**

Date

**305-5947733**

Daytime Phone #