


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01305</b> 1. Entity Name TRAMAD, INC.	
--	---

Principal Place of Business 4995 NW 72ND AVE., STE. 303 MIAMI, FL 33166	Mailing Address 4995 NW 72ND AVE., STE. 303 MIAMI, FL 33166
---	---

**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2163322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ESPIN, GLADYS 4995 NW 72ND AVE SUITE 303 MIAMI, FL 33166	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIACOMO, CLERICO 4995 NW 72ND AVE. #303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA CLERICO, CARLO 4995 NW 72ND AVE. #303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLERICO, CARLO 4995 NW 72ND AVE. #303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES ESPIN GLADYS 4995 NW 72ND AVE #303 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000081082  
03/08/04-80135-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Gladys Espin Secretary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/5/04</u> Daytime Phone #
--	--