


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-23-2005 90036 035 \*\*\*150.00

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

Principal Place of Business <b>4995 NW 72ND AVE., STE. 303 MIAMI, FL 33166</b>	Mailing Address <b>4995 NW 72ND AVE., STE. 303 MIAMI, FL 33166</b>
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**66011279**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**ESPIN, GLADYS  
4995 NW 72ND AVE  
SUITE 303  
MIAMI, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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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	
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**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 another like empowered.

SIGNATURE: Gladys Espin 66011279 4/14/05 305-594-2942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #