

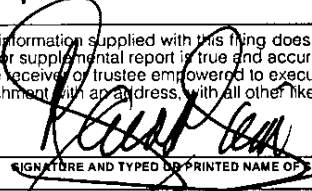


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUL 24 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000026665</b> 1. Entity Name B.T.C. TRADING, INC.					
Principal Place of Business 1936 N.W. 79 AVE. DORAL, FL 33126 US			Mailing Address 1936 N.W. 79 AVE. DORAL, FL 33126 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1401953	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BANDRICH, LUIS 1936 N.W. 79 AVE. DORAL, FL 33126				7. Name and Address of New Registered Agent Name <b>PAUL JON LAYNE, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>230 Valencia Ave.</b> City <b>Coral Gables</b> FL Zip Code <b>33134</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>				DATE <b>7/17/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEREU, JUDY A 1936 N.W. 79 AVE. DORAL, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T, Director <b>WALDO VICENTE SILVA</b> <b>3305 S.W. 24th Terrace</b> <b>MIAMI, FL 33145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANDRICH, LUIS JR. 1936 N.W. 79 AVE DORAL, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600078231436</b> <b>08/01/06--01048--006 **\$1.25</b>	
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	
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	
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	
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	
12. I hereby 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.					
SIGNATURE:  <b>WALDO VICENTE SILVA</b> 7/17/06 305-607-6571 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					