

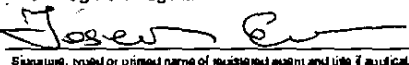
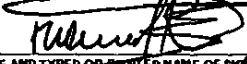


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90308 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000047901			
1. Entity Name TRADEZONE HOLDINGS CORP.			
Principal Place of Business 3505 SILVERSIDE RD., 208H PLAZA CENTRE WILMINGTON, DE 19810		Mailing Address 3505 SILVERSIDE RD., 208H PLAZA CENTRE WILMINGTON, DE 19810	
2. Principal Place of Business Heritage Plaza Suite, Apt. #, etc. # 532 City & State Charlestown, Nevis Zip West Indies		3. Mailing Address 1455 TALLEVAST RD. Suite, Apt. #, etc. STE L8319 City & State SARASOTA, Florida Zip 34243 Country USA	
			
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2626		7. Name and Address of New Registered Agent Name JOSEPH EVANS Street Address (P.O. Box Number is Not Acceptable) 1455 Tallevast Rd, STE L8319 City SARASOTA FL Zip Code 34243	
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  DATE April 23, 03 <small>(NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PR. PABLO CALVO DE SOUZA HERITAGE PLAZA, # 532 CHARLESTOWN, NEVIS, W. I.		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY SERGIO CESAR NANETTI RIVAS HERITAGE PLAZA, # 532 CHARLESTOWN, NEVIS, W. I.		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	
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 exemption stated in Section 119.07(3)(1), 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: 		DATE April 23 '03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SERGIO CESAR NANETTI RIVAS		Daytime Phone #	

CR2E034 (10/02)