

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081698

Entity Name: TRADISCOM, INC.

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

5071 S. STATE ROAD 7
SUITE 702
FORT LAUDERDALE, FL 33314

New Principal Place of Business:

5071 S. STATE ROAD 7
SUITE 702
DAVIE, FL 33314

Current Mailing Address:

10553 NW 53RD ST
SUNRISE, FL 33351

New Mailing Address:

5071 S. STATE ROAD 7
SUITE 702
DAVIE, FL 33314

FEI Number: 13-4207593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, JUVENAL
10553 NW 53RD ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

VASQUEZ, JUVENAL
5071 S. STATE ROAD 7
SUITE 702
DAVIE, FL 33314 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/17/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VASQUEZ, JUVENAL A
Address: 10553 NW 53RD ST.
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VASQUEZ, JUVENAL A
Address: 5071 S. STATE ROAD 7, STE 702
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUVENAL VASQUEZ

P

03/17/2005

Electronic Signature of Signing Officer or Director

Date