


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000081698**

1. Entity Name  
**TRADISCOM, INC.**



Principal Place of Business  
**5071 S. STATE ROAD 7  
 SUITE 702  
 DAVIE, FL 33314**

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



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4207593**

Applied For  
 Not Applicable

5. Certificate of Status Destroyed  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VASQUEZ, JUVENAL A 5071 S. STATE ROAD 7, STE 702 DAVIE, FL 33314</b>
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 04/26/06-80099-013 150.00

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: *[Signature]* **4/7/06** **954-791-4171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #