2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P02000084292 1. Entity Name 03-15-2005 90042 014 ***150.00 LC TRADING INTERNATIONAL CORP. Principal Place of Business Mailing Address 9004 WESTBAY BLVD 9004 WESTBAY BLVD **TAMPA FL 33615** TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address ADAMO BR. 5300 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 52-2371608 TAMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHI LE, VINH Street Address (P.O. Box Number is Not Acceptable) 9004 WESTBAY BLVD **TAMPA FL 33615** City Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE TITLE Change ☐ Addition CHI LE, VINH STREET ADDRESS 9004 WESTBAY BLVD STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete ☐ Change Addition CHI LE, HIEU NAME MAME 9004 WESTBAY BLVD STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TIT1 F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 813-

Date

FILED

813-727-1865

Daytime Phone #