

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000084292

1. Entity Name
LC TRADING INTERNATIONAL CORP.



Principal Place of Business

5300 ADAMO DR
A
TAMPA, FL 33619

Mailing Address

9004 WESTBAY BLVD
TAMPA, FL 33615



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2371608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHI LE, VINH
9004 WESTBAY BLVD
TAMPA, FL 33615

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U000000403654
12/06/06-80015-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHI LE, VINH
STREET ADDRESS 9004 WESTBAY BLVD
CITY-ST-ZIP TAMPA, FL 33615

TITLE VD
NAME CHI LE, HIEU
STREET ADDRESS 9004 WESTBAY BLVD
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINH CHI LE

Date

Daytime Phone #

1/23/06 813630482