

Feb. 7. 2005 4:06PM

No.0670 P. 3/4

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 25, 2005 08:00 AM
Secretary of State**DOCUMENT # P02000085104**1. Entity Name
TRADIEX INC.Principal Place of Business
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**Mailing Address
**520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

Chg-P

CR2E034 (10/03)

4. FEI Number

47-0884966

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **D BOBROWSKI, LUIS**
STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
CITY-ST-ZIP **MIAMI, FL 33131**TITLE ☐ Delete
NAME **OJMAN, SARA**
STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
CITY-ST-ZIP **MIAMI, FL 33131**TITLE ☐ Delete
NAME **AS STANHAM, NICHPLAS**
STREET ADDRESS **520 BRICKELL KEY DR. #305**
CITY-ST-ZIP **MIAMI, FL 33131**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Luis BOBROWSKI**03/11/2005 (305)3743800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #