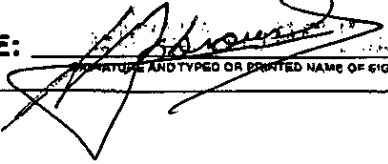


UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90169 035 ***150.00

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
4. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		4. FEI Number 47-0884966 Applied For Not Applicable	
5. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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 reinstating)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOBROWSKI, LUIS 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Nicholas Stanham 520 Brickell Key Dr. #305 Miami, Florida 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OJMAN, SARA 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 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: 		4/8/03 305 374 3800	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034 (10/02)