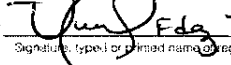
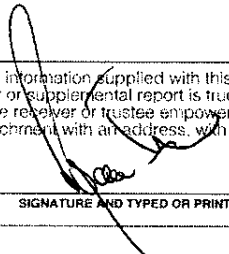


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 014 ***150.00

DOCUMENT # P02000102637 1. Entity Name ITAPUA TRADING, CORPORATION					
Principal Place of Business 7600 NW 186TH ST., #A MIAMI, FL 33015			Mailing Address 7600 NW 186TH ST., #A MIAMI, FL 33015		
2. Principal Place of Business 16711 COLLINS AVE Suite, Apt. #, etc. 901 City & State N Miami Beach, FL Zip 33160		3. Mailing Address 7600 NW 186th ST #A Suite, Apt. #, etc. City & State Miami, FL Zip 33015			
Country USA		Country USA		4. FEI Number 11-3661435	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PEDROZO, ELADIO R 7600 NW 186TH ST., #A MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Virginia M. Disla Street Address (P.O. Box Number is Not Acceptable) 7600 NW 186th ST Ste A City Miami		
Zip Code 33015			FL Zip Code 33015		
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 		Virginia M. Disla		Agent	
(Signature, typed or printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating)		DATE 1/24/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PD FLORENTIN, EDUARDO 16711 COLLINS AVE UNIT 901 N MIAMI BEACH, FL 33160		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEDROZO, ELADIO R 7425 NW 176TH TERRACE MIAMI, FL 33015		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZOPA, ANDRES 16711 COLLINS AVE UNIT 901 N MIAMI BEACH, FL 33160		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROCIUK, ALICIA 2250 CLARENDON BLVD., #419 ARLINGTON, VA 22201		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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)(j), 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: 		EDUARDO FLORENTIN		01/27/04 (786) 355-0499	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	