



ELORIDA DEPARTMENT OF STATE

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((PORAT		Sec	cretary of State	03 NOV 14 PM 3: 20			
DOCUMENT # - P0200010637 1. Corporation Name P02000102637					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ITAPU	A TRA	DING, CORPO	RATION					
2. Principal Office Address 7600 NW 186th ST 👯			3. Mailing Office Address SAME		800024715658 11/14/0301077002 **150.00			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03			
#A					4. Date Incorporated or Qualified To Do Business in Florida			
City & State MIAMI			City & State -FLORIDA		5. FEI Number 11 – 3661435 Applied For			
Zip		Country	Zip	Country	Not Applicable			
33015		USA	ļ 		CERTIFICATE OF STATUS DESIRED (\$2.75 Additional Fractional Control of Status			
	7. Name and Address of Current Registered Agent							
1	Name ELADIO R. PEDROZO Street Address (P.O. Box Number is Not Acceptable)							
II.								
\f	Suite, Apt.							
 	#A		<u></u>					
	City MIAM	i \	_/_		State Zip Code 33015			
8. I, being a	ppointed the	e register agent of the ab	ve named corporation	on, am familiar with and accep	ot the obligations of section 607.0505 or 617.0503, F.S.			

	ELADIO R.	PEDROZO	HEIRS AILWA					
		Box Number is Not Acceptable)		The same of the sa				
	7600 NW 186th ST .							
	Suite, Apt. #, Etc. #A							
	City		State	Zip Code				
	MIAMI		FL FL	33015				
8. I, being	appointed the register	ager of the above named corporation, am familiar with	and accept the obligations of section 607.050	05 or 617.0503, F.S.				

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11 02 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director Titles City / State / Zip Officers and/or Directors PD FLORENTIN(, EDUARDO 16711 COLLINS AVE #901 N MIAMI BEACH FL 33160 SD PEDROZO, ELADIO R <u>7523 NW 176 TR</u> MIAMI FL 33015 VD SZOPA, ANDRES 16711 COLLINS AVE #901 N MIAMI BEACH FL 33160 TD TROCIUK, ALICIA 2250 CLARENDON BLVD #419ARLINGTON VA 22201

10. I certify that I am an officer or director or tile receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE

ELADIO RETREDROZO

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)558-1001 11/02/2003

Daytime Phone #

October 15, 2003

Itapua Trading Corporation 7600 NW 186th St #A Miami, FL 33015

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

DEAR SIR/MADAM:

As per your instruction over the telephone, enclosed please find a check in the amount of \$150.00 for the 2003 Union Business Report of ITAPUA TRADING CORPORATION. DOC# P02000102637. As I explained to you this is my first year with the corporation and I never receive the form therefore; you recommended to send the enclosed check today, please advised at the telephone numbers (305)558-1001 or (305)527-9638, Our working hours is from 10:00 A. M. to 2:00 P. M.

Thank you very much. Sincerely,

Eladio Pedrozo