


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90126 024 ***150.00

DOCUMENT # P03000001626	
1. Entity Name PROMOTRADE INC.	

Principal Place of Business PO BOX 268432 WESTON, FL 33326	Mailing Address PO BOX 268432 WESTON, FL 33326
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50051619



2. Principal Place of Business PO BOX 3922	3. Mailing Address PO BOX 3922
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05042005 Chg-P CR2E034 (10/03)

City & State HOLLANDALE, FL	City & State HOLLANDALE FL
Zip 33008	Country MIAMI-DADE
Zip 33008	Country MIAMI-DADE

4. FEI Number 04-3734882	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BELL, ELISABETTA M PO BOX 268432 WESTON, FL 33326	
7. Name and Address of New Registered Agent Name ELISABETTA M BELL Street Address (P.O. Box Number is Not Acceptable) 3245 NE 184 ST APT 13210 City AVANTURA FL 33160	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 X Elisabetha Bell	DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ELISABETTA M 372 PATIO VILLAGE TERRACE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ELISABETTA M 3245 NE 184 STREET APT 13210 AVANTURA FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, HAL A 372 PATIO VILLAGE TERRACE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, HAL A 3245 NE 184 STREET APT 13210 AVANTURA FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: X Elisabetha Bell	5/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #