

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031570

FILED
Aug 04, 2006
Secretary of State

Entity Name: TRADITIONAL HOLDINGS, CORP.

Current Principal Place of Business:

7951 SW 40TH STREET
STE 206
MIAMI, FL 33155

New Principal Place of Business:

4445 WEST 16TH AVENUE
250
HIALEAH, FL 33012

Current Mailing Address:

7951 SW 40TH STREET
STE 206
MIAMI, FL 33155

New Mailing Address:

4445 WEST 16TH AVENUE
250
HIALEAH, FL 33012

FEI Number: 05-0564357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, OSVALDO J
7951 SW 40TH STREET
STE: 206
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SALADO, MARIA M
Address: 1790 W. 49TH STREET STE: 401
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SALADO, MARIA M
Address: 1790 W. 49TH STREET STE: 401
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SALADO, MARIA M
Address: 4445 WEST 16TH AVENUE, 250
City-St-Zip: MIAMI, FL 33012

Title: D (X) Change () Addition
Name: SALADO, MARIA M
Address: 4445 WEST 16TH AVENUE, STE 250
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MS

P

08/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date