2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000036803 04-26-2004 90454 005 ***150.00 1. Entity Name OMA TRADE, INC Principal Place of Business Mailing Address 13935 NW 1ST AVE 13935 NW 1ST AVE MIAMI, FL 33168 MIAMI, FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2346704 Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PB&A FINANCIAL SERVICES, CORP Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1ST AVE MIAMI, FL 33168 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE PEREA, OSCAR NAME NAME STREET ADDRESS 13935 NW 1ST AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP ☐ Delete TIN F ☐ Change ☐ Addition TITLE D ARGUELLO, SANDRA NAME NAME STREET ADDRESS 13935 NW 1ST AVE STREET ADDRESS MIAMI, FL 33168 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or of the corporation or the report. changed, or on an atlach

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED