


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 001 ***150.00

DOCUMENT # P03000045571 1. Entity Name VA TRADING CORPORATION					
Principal Place of Business 9060 NW 190 STREET MIAMI, FL 33015			Mailing Address 9060 NW 190 STREET MIAMI, FL 33015		
2. Principal Place of Business 15343 SW 23 LN		3. Mailing Address 8010 SW 152 AVE., #211			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 211		01152005 Chg-P CR2E034 (10/03)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 40-0072266	
Zip 33185		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33193		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALVAREZ, RODOLFO 9060 NW 190 STREET MIAMI, FL 33015				7. Name and Address of New Registered Agent Name VIGO, ZENEN Street Address (P.O. Box Number is Not Acceptable) 8010 SW 152 AVE., #211 City MIAMI FL Zip Code 33193	
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) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RODOLFO 9060 NW 190 STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIGO, ZENEN 8010 SW 152 AVE., #211 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: 				1/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	