2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061272

Entity Name: ALLIANCE TRADING, INC

FILED Mar 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1820 N CORPORATE LAKES BLVD **UNIT 101**

WESTON, FL 33326

New Mailing Address: Current Mailing Address:

1820 N CORPORATE LAKES BLVD **UNIT 101** WESTON, FL 33326

FEI Number: 65-1033845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LATIN NETWORK CONSULTANTS INC LATIN NETWORK CONSULTANTS INC 2853 EXECUTIVE PARK DR 1820 N CORPORATE LAKES BLVD **UNIT 104** SUITE 201 WESTON, FL 33331 US WESTON, FL 33326 US

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: ISABEL C. RIVERO 03/04/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

RINCON, EDWIN Name: Name:

1820 N CORPORATE LAKES BLVD, UNIT 101 Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip:

Title: Title: () Delete () Change () Addition

Name: VALLES, ESTEBAN Name: 1820 N CORPORATE LAKES BLVD, UNIT 101 Address: Address: WESTON, FL 33326 City-St-Zip: City-St-Zip:

Title: Title: SD () Delete () Change () Addition

AÑEZ, CARLA Name: Name:

1820 N CORPORATE LAKES BLVD, UNIT 101 Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: RINCON EDWIN 03/04/2004