

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062502

Entity Name: TRADING STUDIO, CORP.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

6301 N. UNIVERSITY DR.
224
TAMARAC, FL 33321

New Principal Place of Business:

905 BRICKELL BAY DR 824
MIAMI, FL 33131

Current Mailing Address:

6301 N. UNIVERSITY DR.
224
TAMARAC, FL 33321

New Mailing Address:

905 BRICKELL BAY DR 824
MIAMI, FL 33131

FEI Number: 57-1173685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE STE 420
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MOLARLES, ALEX N
905 BRICKELL BAY DR 824
MIAMI, FL 33131 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: ALEX MORALES

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHACON, SAUL M
Address: 6301 N. UNIVERSITY DR. APT 224
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: CHACON, DORIS E
Address: 6301 N. UNIVERSITY DR. APT 224
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHACON, DORIS E
Address: 2025 NE 164STR ,APT 908
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Change (X) Addition
Name: CHACON, GABRIELA
Address: 2025 NE 164STR ,APT 908
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Change (X) Addition
Name: MORALES, ALEX
Address: 905 BRICKELL BAY DR 824
City-St-Zip: MIAMI, FL 33131

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: GABRIELA CHACON

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date