2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000066648

1. Entity Name
TRADEX INTERNATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
911 GARDENIA DRIVE APT #353 DELRAY BEACH, FL 33483 US	911 GARDENIA DR APT #353 DELRAY BEACH, FL 33483 US

02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0045535
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTON, R. KEITH
2101 NW 2ND AVE
SUITE 5
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000475211
04/05/06-80047-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BJERCKE, LEIF R
STREET ADDRESS	911 GARDENIA DRIVE, APT 353
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	PST
NAME	BJERCKE, JEAN L
STREET ADDRESS	911 GARDENIA DRIVE, APT 353
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	DVP
NAME	DIAZ, MAURICIO
STREET ADDRESS	165 NW 85TH CT
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: L. R. Bjercke L. L. BJERCKE MAR 19, 06 5612798926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #