


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90001 027 ***150.00

DOCUMENT # P03000066648 1. Entity Name TRADEX INTERNATIONAL SERVICES, INC.					
Principal Place of Business 911 GARDENIA DRIVE APT #353 DELRAY BEACH, FL 33483 US			Mailing Address 911 GARDENIA DR APT #353 DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 20-0045535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTON, R. KEITH 2101 NW 2ND AVE SUITE 5 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BJERCKE, LEIF R	NAME			
STREET ADDRESS	911 GARDENIA DRIVE, APT 353	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BJERCKE, JEAN L	NAME			
STREET ADDRESS	911 GARDENIA DRIVE, APT 353	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, MAURICIO	NAME			
STREET ADDRESS	165 NW 85TH CT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____		S. L. B JERCKE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MARCH 21, 08 5612798926 <small>Date Daytime Phone #</small>	