


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90083 045 ***150.00

DOCUMENT # P03000081353					
1. Entity Name IPANEMA GLOBAL TRADING, CO.					
Principal Place of Business 141 NE 3 AVE 8TH FL MIAMI, FL 33132			Mailing Address 141 NE 3 AVE 8TH FL MIAMI, FL 33132		
2. Principal Place of Business <i>100 SE 25th suite 2310</i>			3. Mailing Address <i>100 SE 25th</i>		
Suite, Apt. #, etc. <i>suite 2310</i>			Suite, Apt. #, etc. <i>2310</i>		
City & State <i>Miami FL</i>			City & State <i>Miami - FL</i>		
Zip <i>33131</i>		Country		Zip <i>33109</i>	
Country		4. FEI Number 20-0114984			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAGAO, ALCEU 141 NE 3 AVE 8TH FL MIAMI, FL 33132			7. Name and Address of New Registered Agent Name <i>ALCEU ARAGAO</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 SE 25th suite 2310</i> City <i>Miami</i> FL Zip Code <i>33131</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARAGAO, ALCEU 141 NE 3 AVE 8TH FL MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ALCEU ARAGAO</i> <i>100 SE 25th suite 2310</i> <i>MIAMI-FL 33131</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTONINI, NEIDE A 141 NE 3 AVE 8TH FL MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANTONINI NEIDE</i> <i>100 SE 25th suite 2310</i> <i>MIAMI-FL 33131</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

50002230

