2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE: \(\)

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OF

Jun 07, 2004 8:00 am Secretary of State **DOCUMENT # P03000083781** 04-30-2004 90400 042 ***150.00 1. Entity Name CORKI TRADING 2, INC Principal Place of Business Mailing Address 3665 S.W. 24TH STREET 3665 S.W. 24TH STREET MIAMI FL 33145 66427115 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . ESTRADA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 3665 S.W. 24TH STREET MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete HILE. ☐ Change ■ Addition NAME ESTRADA, FËRNANDO NAME 3665 S.W. 24TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition FERRER ENID NAME NAME STREET ADDRESS 2803 S.W. 25TH STREET STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

FILED