2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088601

Entity Name: PRIMESTAR TRADING, INC

FT LAUDERDALE, FL 33334 US

GRONDAHL, NINNA

SUNRISE, FL 33326 US

(X) Delete

15710 EAST WATERSIDE CIRCLE

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Sep 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15710 EAST WATERSIDE CIRCLE SUNRISE, FL 33326 **Current Mailing Address: New Mailing Address:** 15710 EAST WATERSIDE CIRCLE SUNRISE, FL 33326 US FEI Number: 91-2199903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRONDAHL, NINNA 15710 EAST WATERSIDE CIRCLE 204 SUNRISE, FL 33326 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GRONDAHL, NINNA Name: Name: NICOLE, NANCY H 15710 EAST WATERSIDE CIRLCE 3040 N.E. 16TH AVENUE, AVON 108 Address: Address: City-St-Zip: SUNRISE, FL 33326 US City-St-Zip: OAKLAND PARK, FL 33334 US VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: NICOLE, NANCY H Name: GLADBO, JOAKIM 3040 NE 16TH AVE, AVON 108 3040 NE 16TH AVE, AVON 108 Address: Address: FT. LAUDERDALE, FL 33334 US OAKLAND PARK, FL 33334 US City-St-Zip: City-St-Zip: (X) Change () Addition Title: () Delete Title: S/T NICOLE, NANCY H GRONDAHL, PETER Name: Name: 3040 NE 16TH AVE. AVON 108 15710 EAST WATERSIDE CIRCLE, APT. 204 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SUNRISE, FL 33326 US

() Change () Addition

SIGNATURE: NANCY H. NICOLE **PRES** 09/06/2005