


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096979 1. Entity Name FRANCO TRADING OF MIAMI CORPORATION			
Principal Place of Business 1321 NW 14TH STREET SUITE 305 MIAMI, FL 33125		Mailing Address 1321 NW 14TH STREET SUITE 305 MIAMI, FL 33125	
2. Principal Place of Business 1400 NW 12 avenue Suite, Apt. #, etc. #1		3. Mailing Address 1400 NW 12 avenue Suite, Apt. #, etc. #1	
City & State Miami, Florida Zip 33136		City & State Miami, Florida Zip 33136	
4. FEI Number 20-0241662		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 JIMENEZ, HECTOR 1321 NW 14TH STREET SUITE 305 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div>DATE _____</div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JIMENEZ, HECTOR STREET ADDRESS 1321 NW 14TH STREET SUITE 305 CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE Jimenez, Hector NAME 1400 NW 12 ave #1 STREET ADDRESS Miami, Florida 33136 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
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 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 changed, or on an attachment with an address, with or other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/12/05 Daytime Phone # 305 325 0913	

FILED

05 FEB -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05