

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-28-2005 90205 034 ***150.00

DOCUMENT # P04000044842 1. Entity Name CELLUTRADE U.S., INC.																							
Principal Place of Business 1065 W. 76TH STREET #114 HIALEAH, FL 33014		Mailing Address 1065 W. 76TH STREET #114 HIALEAH, FL 33014																					
2. Principal Place of Business 6710 W 24 COURT #		3. Mailing Address																					
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.																					
City & State HIALEAH, FL		City & State																					
Zip 33014	Country US	Zip	Country																				
4. FEI Number 20-0857898		Applied For ☐ Not Applicable																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent ECHEVERRI, JUAN F 1065 W. 76TH STREET #114 HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name ECHEVERRI, JUAN F. Street Address (P.O. Box Number is Not Acceptable) 6710 W 24 COURT #104 City HIALEAH FL Zip Code 33014																					
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 JUAN F ECHEVERRI 04/20/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE																							
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Delete ☐</td> </tr> <tr> <td></td> <td>PD ECHEVERRI, JUAN F</td> <td>1065 W. 76TH STREET #114</td> <td>HIALEAH, FL 33014</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete ☐		PD ECHEVERRI, JUAN F	1065 W. 76TH STREET #114	HIALEAH, FL 33014		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Change ☒ Addition ☐</td> </tr> <tr> <td></td> <td>PD ECHEVERRI, JUAN F</td> <td>6710 W 24 COURT #104</td> <td>HIALEAH, FL 33014</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change ☒ Addition ☐		PD ECHEVERRI, JUAN F	6710 W 24 COURT #104	HIALEAH, FL 33014	
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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 all other like empowered.																							
SIGNATURE:		04/20/05 (305) 231 3197																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Deputies Phone #																					

66023432



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