

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90004 034 *** 150.00
P04000066141

DOCUMENT # P04000066141 1. Entity Name TRADECORP SYSTEM, INC.					
Principal Place of Business 2138 K UNIVERSITY MALL TAMPA, FL 33612			Mailing Address 2138 K UNIVERSITY MALL TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10739 CEDAR PINE DR.			
City & State Zip Country		City & State TAMPA, FL Zip Country 33647 U.S.A		4. FEI Number 20-103180	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OZEK, SERKAN 2138 K UNIVERSITY MALL TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 renewing)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZEK, SONER 2138 K UNIVERSITY MALL TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OZEK, SERKAN 2138 K UNIVERSITY MALL TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/15/05 (813) 4866900 Date Phone #		