

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 017 ***150.00

DOCUMENT # P04000074743 1. Entity Name US TRADE ENTERPRISES, INC.					
Principal Place of Business 8680 WEST FLAGLER ST. MIAMI, FL 33144			Mailing Address 8680 WEST FLAGLER ST. MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 8500 S.W. 117 Road		3. Mailing Address SAME			
Suite, Apt. #, etc. # 128		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State 			
Zip 33183		Country U.S.		4. FEI Number 65-0397802	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FACEDINE, JAYJ 3601 S.W. 117 AVE. #210 MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Nestor Puente Street Address (P.O. Box Number is Not Acceptable) 8500 S.W. 117 ROAD, # 128 City Miami FL Zip Code 33183		
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 <u><i>Nestor Puente</i></u> DATE 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FACEDINE, JAYJ 3601 S.W. 117 AVE., #210 MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Nestor Puente 8500 S.W. 117 ROAD, # 128 Miami, FL 33183 <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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Nestor Puente</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/9/07 <small>Date Daytime Phone #</small>		

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