
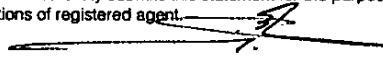
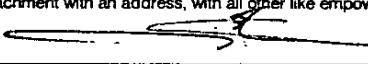


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 029 ***150.00

DOCUMENT # P04000101528 1. Entity Name MB WORLD TRADE CORP					
Principal Place of Business 8585 NORTH WEST 54TH STREET DORAL, FL 33166			Mailing Address 8585 NORTH WEST 54TH STREET DORAL, FL 33166		
2. Principal Place of Business 6177 North West 113 pl.		3. Mailing Address 6177 North West 113 place			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Doral, Florida		City & State Doral, Florida			
Zip 33178		Country U.S.A		4. FEI Number 20-1352935	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BELLO, MICHAEL A 8585 NORTH WEST 54TH STREET DORAL, FL 33166			7. Name and Address of New Registered Agent Name Bello, Michael A Street Address (P.O. Box Number is Not Acceptable) 6177 North West 113th Place City DORAL FL Zip Code 33178		
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 _____ DATE 1/25/2006 <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, 2006 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	PSD BELLO, MICHAEL A 8585 NORTH WEST 54TH STREET DORAL, FL 33166	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BELLO, MICHAEL A 6177 NORTH WEST 113th Place DORAL, FL 33178
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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: 			1/25/2006 (305) 318-3130		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		