

2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/28/2006-90001-045-S158.75-S158.75

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000111474			
1. Entity Name VANIA TRADING CORP.			
Principal Place of Business 806 OLD DIXIE HWY SUITE B JUPITER, FL 33458		Mailing Address 806 OLD DIXIE HWY SUITE B JUPITER, FL 33458	
2. Principal Place of Business 806 Old Dixie Hwy Suite, Apt. #, etc. B		3. Mailing Address P.O. Box 33294 Suite, Apt. #, etc. B	
City & State Jupiter FL		City & State P.B. G. FL 33420	
Zip 33458	Country U.S.	Zip	Country
4. FEI Number 28-1460710		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYCE, DENNIS M. ESQ. 480 MAPLEWOOD DR JUPITER, FL 33458		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: _____ DATE: _____			
SIGNATURE, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D VANIA, RAJKUMAR 2562 W INDIANTOWN RD JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOMBS, SOPHIE 2562 W INDIANTOWN RD JUPITER, FL 33458 ☒ Delete	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 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: _____		10/3/06	
SIGNATURE, typed or printed name of signing officer or director		Date	