

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 002 ***150.00

DOCUMENT # P04000112038																																																																															
1. Entity Name MORNING SIDE TRADING, CORP.																																																																															
Principal Place of Business		Mailing Address																																																																													
10900 S.W. 104 St. # 115 Miami, FL 33176		10900 S.W. 104 St. # 115 Miami, FL 33176																																																																													
2. Principal Place of Business		3. Mailing Address																																																																													
Suite, Apt. #, etc.		P.O. Box 836713																																																																													
City & State		City & State																																																																													
Miami, FL		Miami, FL																																																																													
Zip		Zip																																																																													
33283		33283																																																																													
Country		Country																																																																													
		Dade																																																																													
4. FEI Number		Applied For																																																																													
20-1449312		Not Applicable																																																																													
5. Certificate of Status Desired		Additional Fee Required																																																																													
☐		\$8.75																																																																													
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																																																																															
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																																																																															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS																																																																															
<table border="1"> <tr> <td>NAME</td> <td>ECHEVERRI, MANUEL</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10900 S.W. 104 ST. # 115</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				NAME	ECHEVERRI, MANUEL	NAME		STREET ADDRESS	10900 S.W. 104 ST. # 115	STREET ADDRESS		CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(b), 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 authorized to prepare this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 10 or Block 11 or attached, or on an attachment with an address, with all other like unexpired.																																																																															
SIGNATURE: <i>Manuel Echeverri</i> 04/06/05																																																																															
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR																																																																															