
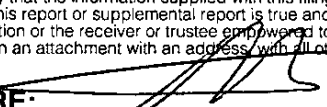


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 012 ***150.00

DOCUMENT # P04000127439 1. Entity Name MARKETRADE INTERNATIONAL, INC.																																					
Principal Place of Business 1251 S.E. 27TH STREET SUITE 205 HOMESTEAD, FL 33035			Mailing Address 1251 S.E. 27TH STREET SUITE 205 HOMESTEAD, FL 33035																																		
2. Principal Place of Business 1251 SE 27th street Suite, Apt. #, etc. 205			3. Mailing Address 1251 SE 27th St. Suite, Apt. #, etc. 205																																		
City & State Homestead, FL		City & State Homestead, FL		4. FEI Number EIN: 20-1603911																																	
Zip 33035		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SORIANO, CARLOS M 4995 NW 79TH AVE., SUITE 123 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Carlos Soriano Street Address (P.O. Box Number is Not Acceptable) 4995 NW 79th Ave. Suite 123 City miam FL 3 FL Zip Code 33166																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PD LOPEZ, ANTONIO 5509 NW 59TH PLACE TAMARAC, FL 33319 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, ANTONIO 5509 NW 59TH PLACE TAMARAC, FL 33319 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, ANTONIO 5509 NW 59TH PLACE TAMARAC, FL 33319 <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
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:  ANTONIO LOPEZ 4-20-05 786 3264041 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

50045739

