

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 Mailing Address

1251 S.E. 27TH STREET 1251 S.E. 27TH STREET
 SUITE 205 SUITE 205
 HOMESTEAD, FL 33035 HOMESTEAD, FL 33035

50045739



2. Principal Place of Business 3. Mailing Address

1251 SE 27th street 1251 SE 27th St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 205 205

04272005 Chg-P CR2E034 (10/03)

City & State City & State

Homestead, FL Homestead, FL

Zip Country Zip Country

33035 USA 33035 USA

4. FEI Number
 EIN: 20-1603911

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, ANTONIO	
STREET ADDRESS	5509 NW 59TH PLACE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Date 4-20-05 Daytime Phone # 786 326404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR