

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

ATX1

<b>DOCUMENT #</b> PO4000144134
<b>1. Entity Name</b> PROVIDENT INTERCHANGE TRADING CORP

2006 SEP 27 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 12949 NW 9 TERRACE Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> SAME	
<b>Zip</b> 33182	<b>Country</b> USA	<b>Zip</b> 33182-2387	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 80-0124404		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> JUAN C PARRA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12949 NW 9 TERRA	
<b>City</b> MIAMI	<b>Zip Code</b> 33182

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV LINA M GIRALDO 12949 NW 9 TERRACE MIAMI FL 33182
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP JUAN C PARRA 12949 NW 9 TERRACE MIAMI FLA
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	000080389290 10/02/06--01032--002 **150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

JUAN C PARRA PRSIDENT DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2006

Date

786-210-3679

Daytime Phone #

2012

Miami, September 8<sup>th</sup>, 2006

Division of Corporations  
Ref Uniform Business Report  
Provident Interchange Trading Corp.

Gentlemen;

This letter is to let the Division of Corp know that we never receipt thru the mail the advise that the UBR report that was due on May 1<sup>st</sup>, 2006 apparently was lost on the mail, therefore we are enclosing the form that was able to obtain thru the internet together with my check for \$ 150.00 covering the fee.

Pls accept our apologize for the delay,

Yours Truly

Provident Interchange Corp.

President

Juan C Parra  
President