

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

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 004 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**

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

40020223

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
PARRA, JUAN C.  
**Street Address (P.O. Box Number is Not Acceptable)**  
12949 NW 9 TERRACE

**City** MIAMI **FL** **Zip Code** 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><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | DVP<br>GIRALDO, LINA M<br>12949 NW 9 TERRACE<br>MIAMI FL 33182   |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | DP<br>PARRA, JUAN CARLOS<br>12949 NW 9 TERRACE<br>MIAMI FL 33182 |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
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**11.**

|   |  |
|---|--|
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
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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 CARLOS PARRA PRESIDENT

2/1/2007

305-225-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #