2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

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04-28-2006 90160 033 ***150.00 DOCUMENT # P04000152024 1. Entity Name DIGITRADE GROUP, INC. 400por-Mailing Address Principal Place of Business 15837 SW 91ST COURT 15837 SW 91ST COURT MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business
6560 NW 1144 Auc Address 1/4th Aue 04272006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State MAMI. F. 20-1906854 Not Applical 33/7 g Country \$8.75 Additional 054 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORRALES, SALVADOR Street Address (P.O. Box Number is Not Acceptable) **4600 SW 135TH AVENUE** MIAMI, FL 33175 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 acce 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete ☐ Change ☐ Addit TIT? F TITLE CORRALES, SALVADOR NAME NAME STREET ADDRESS 4600 SW 135TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP Change Addit TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addit TITLE ☐ Delete ппғ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addit TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

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