2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152714

Entity Name: SAMBA TRADING SOLUTIONS, INC.

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: Samba i	RADING SOLUTIONS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
9398 AEGEAU DRIVE BOCA RATON, FL 33495				9398 AEGEAN DRIVE BOCA RATON, FL 33495		
Current Mailing Address:				New Mailing Address:		
9398 AEGEAU DRIVE BOCA RATON, FL 33495				9398 AEGEAN DRIVE BOCA RATON, FL 33495		
FEI Number:	20-1903691	FEI Number Applied For()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KRASSITCHKOW, EUGEN 9398 AEGEAU DRIVE BOCA RATON, FL 33495 US				KRASSITCHKOW, EUGEN 9398 AEGEAN DRIVE BOCA RATON, FL 33495 US		
	named entity s of Florida.	ubmits this statement for the p	urpose of changing	g its registered o	ffice or registered agent, or both,	
SIGNATURE:				04/29/2005		
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	KRASSITSCHKO 9398 AEGEAU I BOCA RATON, I SD ()	DRIVE FL 33495 Delete	Title: Name: Address: City-St-Zip Title:	KRASSITSCHK 9398 AEGEAN BOCA RATON, SD (X)	DRIVE FL 33495 Change () Addition	
Name: Address: City-St-Zip:	KRASSITSCHKO 9398 AEGEAU I BOCA RATON, F	DRIVE	Name: Address: City-St-Zip	KRASSITSCHK 9398 AEGEAN BOCA RATON,	DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	KRASSITSCHK 9398 AEGEAN	DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	KRASSITSCHK 9398 AEGEAN	DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	KRASSITSCHK 9398 AEGEAN		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGEN KRASSITSCHKOW MR. 04/29/2005