

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 042 ***150.00

DOCUMENT # P04000154851					
1. Entity Name TRADE PLUS CORPORATION					
Principal Place of Business 8371 NW 66TH ST MIAMI, FL 33166			Mailing Address 8371 NW 66TH ST MIAMI, FL 33166		
2. Principal Place of Business 1530 NW 98 th Court Suite, Apt. #, etc. Suite 106		3. Mailing Address 1530 NW 98 th Court Suite, Apt. #, etc. Suite 106			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-1877474	
Zip 33172		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OLIVERA, GABRIELA 8371 NW 66TH ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Olivera, Gabriela Street Address (P.O. Box Number is Not Acceptable) 1530 NW 98 th Court #106 City Miami FL Zip Code 33172		
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: 03/29/06					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CALABUIG, CARLOS J STREET ADDRESS 8371 NW 66TH ST CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE PD NAME Calabuig, Carlos J STREET ADDRESS 1530 NW 98 th Court #106 CITY-ST-ZIP Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME OLIVERA, GABRIELA STREET ADDRESS 8371 NW 66TH ST CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE TD NAME Olivera, Gabriela STREET ADDRESS 1530 NW 98 th Court #106 CITY-ST-ZIP Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: DATE: 03/29/06					
(NOTE: Signature and typed or printed name of signing officer or director)					