
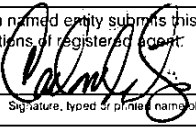
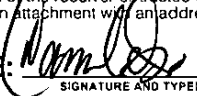


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 013 ***150.00

DOCUMENT # P04000154851 1. Entity Name TRADE PLUS CORPORATION					
Principal Place of Business 7931 NW 68 ST MIAMI, FL 33166			Mailing Address 7931 NW 68 ST MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4315 NW 7TH Street Suite, Apt. #, etc. 37-B			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33126	Country	Zip 33126	Country	4. FEI Number 20-1877474	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OLIVERA, GABRIELA 7931 NW 68 ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Calabuig, Carlos J Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH Street # 37-B City MIAMI FL Zip Code 33126		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-25-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALABUIG, CARLOS J <input type="checkbox"/> Delete 7931 NW 68 ST MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4315 NW 7TH Street # 37-B MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OLIVERA, GABRIELA <input checked="" type="checkbox"/> Delete 7931 NW 68 ST MIAMI, FL 33166		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	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-25-08 <small>Daytime Phone #</small>		