

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000159358

Entity Name: DOVTRADE INC.

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

### **Current Principal Place of Business:**

15715 S DIXIE HWY  
STE 419  
MIAMI, FL 33157

### **New Principal Place of Business:**

13621 DEERING BAY DR.  
APT 402  
CORAL GABLES, FL 33158

### **Current Mailing Address:**

15715 S DIXIE HWY  
STE 419  
MIAMI, FL 33157

### **New Mailing Address:**

13621 DEERING BAY DR.  
APT 402  
CORAL GABLES, FL 33158

FEI Number: 20-1941350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

SAVERIN, ROBERTO  
13621 DEERING BAY DR  
APT 402  
CORAL GABLES, FL 33158 US

### **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SAVERIN, ROBERTO  
Address: 13621 DEERING BAY DR - APT 402  
City-St-Zip: CORAL GABLES, FL 33158

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERTO M SAVERIN

PSTD

10/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date