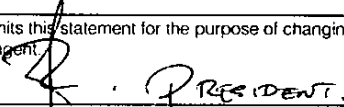


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2006 90109 010 ***150.00

DOCUMENT # P04000164361			
1. Entity Name LATITUDE TRADING CORP.			
Principal Place of Business 15054 S.W. 104TH STREET SUITE 1710 MIAMI, FL 33196		Mailing Address 15054 S.W. 104TH STREET SUITE 1710 MIAMI, FL 33196	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address LATITUDE TRADING CORP/DBA MASLOV BIJOUX BEADS AND FINDINGS 145 EAST FLAGLER ST SUITE A-8 MIAMI, FL 33131 Country	
6. Name and Address of Current Registered Agent MASLOV, NATALI 15054 S.W. 104TH STREET SUITE 1710 MIAMI, FL 33196		7. Name and Address of New Registered Agent NATALI MASLOV 145 EAST FLAGLER ST SUITE A-8 MIAMI, FL 33131 FL 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 accept the obligations of registered agent. SIGNATURE:  PRESIDENT. DATE: 03-21-06 Signature, typed or printed name of registered agent and fee if applicable. (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 Trust Fund Contribution. ☐ \$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	D MASLOV, NATALI 15054 S.W. 104TH STREET, SUITE 1710 MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASLOV, NATALI 145 EAST FLAGLER ST SUITE A-8 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JOHN H 15054 S.W. 104TH STREET, SUITE 1710 MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROJAS, JOHN H 145 EAST FLAGLER ST SUITE A-8 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-06

Date

(305) 374-6747

Daytime Phone #