


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90211 031 ***150.00

DOCUMENT # P05000012540 1. Entity Name BURSOUTH TRADE, INC.					
Principal Place of Business 120 NE 1 AVE. MIAMI, FL 33132 <i>207 N. MIAMI Ave.</i>			Mailing Address 120 NE 1 AVE. MIAMI, FL 33132 <i>33128</i>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <i>26-0106262</i>			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 HERNANDEZ GUTIERREZ, LUIS 120 NE 1 AVE. MIAMI, FL 33132 <i>207 N. MIAMI Ave.</i>				7. Name and Address of New Registered Agent Name <i>LUIS HERNANDEZ-GUTIERREZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>207 N. MIAMI Ave.</i> City <i>MIAMI</i> FL Zip Code <i>33128</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PST HERNANDEZ-GUTIERREZ, LUIS 120 NE 1 AVE. MIAMI, FL 33132 <i>33128</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>207 N. MIAMI Ave.</i>	
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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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>05-01-06</i> Daytime Phone #		