

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90228 015 ***150.00

DOCUMENT # P05000013401

1. Entity Name
EXPONENTIAL TRADING, INC.



Principal Place of Business
**401 PINE CIRCLE
GREENACRES, FL 33463**

Mailing Address
**401 PINE CIRCLE
GREENACRES, FL 33463**

60001736



2. Principal Place of Business
145 FERNWOOD CRESENT

3. Mailing Address
145 FERNWOOD CRESENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State
ROYAL PALM BEACH FL.

City & State
ROYAL PALM BEACH FL.

4. FEI Number
65-1241109

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, JOSE
401 PINE CIRCLE
GREENACRES, FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

145 FERNWOOD CRESENT

City

ROYAL PALM BEACH

FL

Zip Code

33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2006

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOMEZ, JOSE
401 PINE CIRCLE
GREENACRES, FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**145 FERNWOOD CRESENT
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

1/12/2006

Date

561-422-0013

Daytime Phone #