FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2007 8:00 am
Secretary of State
05-30-2007 90004 036 ***150.00

DOCUMENT # P05000028962

1. Entity Name
REAZ TRADING INC.

DO NOT WRITE IN THIS SPACE
REAZ TRADING INC.

40118965

2. Principal Place of Business	3. Mailing Address
REAZ TRADING INC.	1206 ORANGE AVE.
Suite, Apt. #, etc. 1206 ORANGE AVE.	Suite, Apt. #, etc. FORT PIERCE
City & State FORT PIERCE,	City & State FL
Zip 34950 Country ~~St. Lucie~~ US	Zip 34950 Country U.S.

DO NOT WRITE IN THIS SPACE
Registration # P05000028962

4. FEI Number 20-2388566 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MOHAMMED REAZ

Street Address (P.O. Box Number is Not Acceptable): 515 SW BAOY AVE

City: PORT St. Lucie FL Zip Code: 34953

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 _____ 5/21/07
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required for reinstatement — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	PRESIDENT (P) MOHAMMED REAZ 515 SW BAOY AVE. PSL, FL 34953	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (VP) AYESHA B. REAZ 515 SW BAOY AVE PSL FL 34953	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ A.R 5/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Printed Phone #