2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000066366

FILED Jan 26, 2006 8:00 am Secretary of State 01-26-2006 90033 026 ***150.00

15 Entity Nam TRADEVI	ESTOR CORPORATION								
Principal Place of Business Mailing Address 9511 FONTAINEBLEAU BLVD. 9511 FONTAINEBLEAU BLV SUITE #203 - BUILDING 4 SUITE #203 - BUILDING 4 MIAMI, FL 33172 MIAMI, FL 33172				PANA	441				
2. Principal Place of Business 3. Mailing Address 59 Jamonte Ranch Suite, Apt. #, etc. Suite, Apt. #, etc.			Ranc mita Bi	1	Chg-P	CR2E03	4 (11/05)		
City & State Rene	Day Snite B172	Parlway S. City & State Reported New	ada	4. FEi Numb			Ap	plied For t Applicable	
795 a	Country Country A A 6. Name and Address of Current R		ISA		of Status Desired Address of New Re		68.75 Add ee Require gent	litional d	
DIAZ, LUIS E ESQ. 4201 S.W. 11TH STREET				Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33134			-	·-					
	1 (m) (m)		City			FL	Zip Code	1	
8. The above named entity sebmits this statement to 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 Polity purpose of changing its registered Agent signature required when remistating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	RECTORS 11.		ADDITIONS	L /CHANGES TO OFFIC	CERS AND	DIRECTORS	5 IN 11	
TITLE NAMÉ	PD SILVA, SAMUEL	☐ Delete : IIII	!)	Change	Addition	
STREET APDRESS	9511 FONTAINEBLEAU BLVD. #20 MIAMI, FL 33172			9 Damon 7	te Ranch	Park Sal	way	#81	
TITLE	SD MARIA DEL CARMENIA/OFNITE	☐ Delete TITE	LE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIE	MARIA DEL CARMEN VICENTE 9511 FONTAINEBLEAU BLVD. .MIAMI, FL 33172		ME REET ADDRESS 5 Y-ST-ZIP- 7	ia Daman	te Ranch	Parle	way	#8/70	
NAME STREET ADDRESS CITY-ST-ZIP			LE	,			Change	Addition	
HITLE NAME STREET ADDRESS CITY-ST-ZIP			1			1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	ľ	I				☐ Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP						1	☐ 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 of 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 at other like empowered.									