

2006 FOR PROFIT CORPORATION REINSTATEMENT


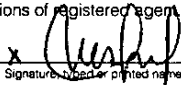
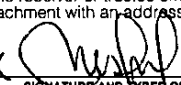
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P05000079227			
1. Entity Name COMPEL TRADING INC			
Principal Place of Business 16900 N BAY RD. BLDG. 3 APT. 1210 SUNNY ISLES BEACH, FL 33160		Mailing Address 16900 N BAY RD. BLDG. 3 APT. 1210 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 210 174 ST. Suite, Apt. #, etc. # 1705 City & State SUNNY ISLES, FL Zip 33160 Country USA		3. Mailing Address 210 174 ST. Suite, Apt. #, etc. # 1705 City & State SUNNY ISLES, FL Zip 33160 Country USA	
4. FEI Number 51-0545671		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, NANCY S 16900 N BAY RD. BLDG. 3 APT. 1210 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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:  NANCY S. PEREZ		DATE: 12-20-06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, NANCY S 16900 N BAY RD. BLDG. 3 APT. 1210 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT RAMON HERNANDEZ 210 174 ST. # 1705 SUNNY ISLES, 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082816930 12/28/06--01020--018 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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:  NANCY S. PEREZ		DATE: 12-20-06 - 786-443-5396	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

K. Eckel DEC 29 2006