

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 041 \*\*\*150.00

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03022007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000137782</b> 1. Entity Name <b>HOSCAN TRADE CORP</b>					
Principal Place of Business <b>4366 PINE RIDGE COURT WESTON, FL 33331</b>			Mailing Address <b>4366 PINE RIDGE COURT WESTON, FL 33331</b>		
2. Principal Place of Business - No P.O. Box # <b>4412 Fox Ridge Dr.</b>		3. Mailing Address <b>4412 Fox Ridge Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>		4. FEI Number <b>20-3613960</b>	
Zip <b>33331</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PINZON, OSCAR M 4366 PINE RIDGE COURT WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name <b>Pinzon, Oscar M</b> Street Address (P.O. Box Number is Not Acceptable) <b>4412 Fox Ridge Dr.</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33331</b>		
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 <span style="float: right;">DATE _____</span> <small>(Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PINZON, OSCAR M 4366 PINE RIDGE COURT WESTON, FL 33331</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Pinzon, Oscar M 4412 Fox Ridge Dr. Weston, FL 33331</b> <input checked="" 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	
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.					
<b>SIGNATURE:</b> <span style="float: right;">Date _____ Daytime Phone # _____</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					