

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007133

Entity Name: AMTRADE CONSULTING, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

2942 WOODPINE CIRCLE  
SARASOTA, FL 34231 US

## New Principal Place of Business:

1800 SECOND STREET  
STE 770  
SARASOTA, FL 34236 US

## Current Mailing Address:

2942 WOODPINE CIRCLE  
SARASOTA, FL 34231

## New Mailing Address:

1800 SECOND STREET  
STE 770  
SARASOTA, FL 34236 US

FEI Number: 26-1784122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMOLA, THOMAS  
2942 WOODPINE CIRCLE  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

SMOLA, THOMAS  
1800 SECOND STREET  
STE 770  
SARASOTA, FL 34236 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMOLA, THOMAS  
Address: 2942 WOODPINE CIRCLE  
City-St-Zip: SARASOTA, FL 34231 US

Title: VP ( ) Delete  
Name: CENOV, PETR  
Address: 7626 HEYWARD CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMOLA, THOMAS  
Address: 1800 SECOND STREET STE 770  
City-St-Zip: SARASOTA, FL 34236 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SMOLA

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date