## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085181

Entity Name: TRADE BUSINESS GROUP INC

FILED May 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4801 S. UNIVERSITY DR 114

DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

4801 S. UNIVERSITY DR
114
DAVIE, FL 33328 US
4801 S. UNIVERSITY DR
114
DAVIE, FL 33328

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOYANO, LILIANA
4801 S. UNIVERSITY DR
4801 S. UNIVERSITY DR
114
DAVIE, FL 33328 US
GONZALES, GUILLERMO W
4801 S. UNIVERSITY DR
114
DAVIE, FL 33328 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: GUILLERMO W. GONZALES 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete

 Name:
 GONZALEZ, WILLIAM G

 Address:
 4801 S. UNIVERSITY DR

 City-St-Zip:
 DAVIE, FL 33328 US

Title: VP ( ) Delete Name: GONZALEZ, GLORIA M

Address: 4801 S. UNIVERSITY DR SUITE 114

City-St-Zip: DAVIE, FL 33328 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, GUILLERMO W
Address: 4801 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328 US

Title: ( ) Change ( ) Addition

Name: Address: Citv-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: GUILLERMO W. GONZALES P 05/01/2009