

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054956

FILED
May 27, 2004
Secretary of State

Entity Name: TRADEVEST, INC.

Current Principal Place of Business:

3970 NW 132ND STREET
UNIT A
OPA LOCKA, FL 33054 US

Current Mailing Address:

3970 NW 132ND STREET
UNIT A
OPA LOCKA, FL 33054 US

New Principal Place of Business:

13899 BISCAYNE BLV
UNIT 310
NORTH MAIMI BEACH, FL 33181 US

New Mailing Address:

13899 BISCAYNE BLV
UNIT 310
NORTH MAIMI BEACH, FL 33181 US

FEI Number: 65-0427730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINS, EDUARDO B
3970 NW 132ND STREET
UNIT A
OPA LOCKA, FL 33054

Name and Address of New Registered Agent:

MARTINS, EDUARDO B
13899 BISCAYNE BLV
UNIT 310
NORTH MAIMI BEACH, FL 33181

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: EDUARDO MARTINS

05/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: EDUARDO MARTINS,
Address: 3970 NW 132ND STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: TS () Delete
Name: ULRIKE, PORR
Address: 3970 NW 132ND STREET, UNIT A
City-St-Zip: OPA LOCKA, FL 33054

Title: P () Delete
Name: MARTINS, ANDRE
Address: 3970 NW 132ND STREET, UNIT A
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: EDUARDO, MARTINS
Address: 13899 BISCAYNE BLV UNIT 310
City-St-Zip: NORTH MAIMI BEACH, FL 33181

Title: TS (X) Change () Addition
Name: ULRIKE, PORR
Address: 13899 BISCAYNE BLV UNIT 310
City-St-Zip: NORTH MAIMI BEACH, FL 33181

Title: P (X) Change () Addition
Name: MARTINS, ANDRE
Address: 13899 BISCAYNE BLV UNIT 310
City-St-Zip: NORTH MAIMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDUARDO MARTINS

V

05/27/2004

Electronic Signature of Signing Officer or Director

Date