FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 01, 2004 8:00 am
Secretary of State

05-14-2004 90011 007 ***150.00

DOCUMENT # P93000066634

1. Entity Name: TROYA TRADING CORPORATION

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66429261

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2. Principal Place of Business	3. Mailing Address
7360 NW 56 St	942 Sevilla Circle
Suite, Apt. #, etc.: MIAMI, FL	Suite, Apt. #, etc.
City & State	City & State: WESTON
Zip: 33166 Country	Zip: FL Country: 33326

4. FEI Number: 65-0437818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MANFRED ROSENOW

Street Address (P.O. Box Number is Not Acceptable): 2495 Coral Way

City: Miami FL Zip Code: 33145

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	IVAN CHAPETON
STREET ADDRESS	942 SEVILLA CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	Vice-President
NAME	PATRICIA AMADOR
STREET ADDRESS	942 SEVILLA CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #