

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90061 001 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000078624

1. Entity Name
OUTSIDE TRADERS INC.



Principal Place of Business
**8220 NW 30TH TERRACE
MIAMI, FL 33122 US**

Mailing Address
**8220 NW 30TH TERRACE
MIAMI, FL 33122 US**

20022450



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0531490

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAL, MARCELO V
925 88 STREET
SURFSIDE, FL 33154**

Name
LEAL, MARCELO V.

Street Address (P.O. Box Number is Not Acceptable)

1250 NE 94th Street

City **MIAMI SHORES**

FL

Zip Code
33138

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
LEAL, MARCELO V
925 88 STREET
SURFSIDE, FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1250 NE 94th Street
MIAMI SHORES, FL. 33138** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/05 (305) 639 2749
Date Daytime Phone #