

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-26-2005 90029 018 \*\*\*150.00

<b>DOCUMENT # P95000017741</b> 1. Entity Name <b>EXIM TRADERS, INC.</b>					
Principal Place of Business <b>1717 N. BAYSHORE DRIVE</b> <b>UNIT 3256 1738</b> <b>MIAMI, FL 33132</b>			Mailing Address <b>1717 N. BAYSHORE DRIVE</b> <b>UNIT 3256 1738</b> <b>MIAMI, FL 33132</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>APT 1738</b> City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc. City & State  Zip Country		<b>40085933</b>  	
4. FEI Number <b>65-0561106</b>		Applied For <input type="checkbox"/> Not Applicable		05172005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TREADWAY, DEE ANNE</b> <b>1717 N. BAYSHORE DRIVE</b> <b>UNIT 3256</b> <b>MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name <b>FRANKLIN VALDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1717 N. BAYSHORE DRIVE A 1738</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33132</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDEZ, FRANKLIN E. 1717 N. BAYSHORE DRIVE, UNIT 1738 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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					
Date Daytime Phone #					