

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90295 003 ***150.00

DOCUMENT # P95000047085

1. Entity Name

ONLINE FOREIGN TRADE, INC.



Principal Place of Business

5541 NW 72ND DR
MIAMI FL 33166
US

Mailing Address

5541 NW 72ND DR
MIAMI FL 33166
US

2. Principal Place of Business

1735 NW 79th AVENUE
Suite, Apt. #, etc.

3. Mailing Address

1735 NW 79th Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0589019

Applied For
Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

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

COBARRUBIAS, ERNESTO JR
5541 NW 72ND AVENUE
MIAMI FL 33166

Name
COVARRUBIAS, ERNESTO JR.
Street Address (P.O. Box Number is Not Acceptable)
1735 NW 79th Avenue

City
Miami, FL Zip Code
33126

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, 2004 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
COVARRUBIAS, ERNESTO JR.
19711 WHISPERING PINES ROAD
MIAMI FL 33166 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COVARRUBIAS, ERNESTO SR.
19711 WHISPERING PINES RD
MIAMI FL 33157 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROBERTS, RENEE
19711 WHISPERING PINES RD
MIAMI FL 33157 ☐ Delete

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

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☐ 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

786-331-8455
Date Daytime Phone #