

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90027 005 ***150.00

DOCUMENT # P95000047085

1. Entity Name

ONLINE FOREIGN TRADE, INC.



Principal Place of Business

1735 NW 79TH AVENUE
MIAMI FL 33126
US

Mailing Address

1735 NW 79TH AVENUE
MIAMI FL 33126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0589019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBARRUBIAS, ERNESTO JR
1235 NW 79TH AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

COVARRUBIAS ERNESTO JR.

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

1735 NW 79TH ST

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, 2005 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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Renée Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 786-3318455
Date Daytime Phone #