FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 25, 2002 8:00 am Secretary of State

DOCUMENT # TOSOUDO 80967				07-25-2002 90125 041 ***150.00		
GC TRADING, INC.						
DO NOT WRITE IN THIS SPACE				B0132248		
2. Principal Place of Business 77783 S. State Pd7 77783 S. State Pd7			J. 727			
Suite Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	City & State Colon FL City & State Baca Radon			4. FEI Number 65-0620765 Applied For Not Applicable		
Zip -2.34	Country	Zip * 33428**	Country	5 Certificate of Status Desired	3.75 Additional ————————————————————————————————————	
، ان ر	ره ا ۵	1 23460 1		7. Name and Address of Current Registered A		
DO NOT WOLLE				orge Castellanos		
DO NOT WRITE Street Address (IN THIS SPACE 2783				s (P.OSeox Number is Not Acceptable)	P.O. Box Number is Not Acceptable)	
				5. State Rd. 7 Ste 98		
City			City BOO	oca Raton FL Zin Code 33478		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and the if applicable (MCLL) is	legistered Agent signature requ	red when reinstatung) DATL		
9 This corry	pration is eligible to satisfy its Intangible		y 1 Fee is \$150.00			
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND					
TITLE NAME	George Castellan	es .	TITLE NAME		12/01	
STREET ADDRESS CITY-ST-ZIP	6675 Chelsen Go	irdens Way	STREET ADDRESS		98	
TITLE :	Cumming , GA	- 3004C1	CRY-ST-ZP Title		CRZE034B (12/01)	
NAME			NAME		8	
STREET ADDRESS CITY- ST- ZIP		•	STREET AODRESS CITY-ST-7IP			
TITLE	-		nn.e			
NAME STREET ADDRESS	4.4	·	NAME STREET ADDRESS	DO NOT WEIT	,	
CITY-ST-ZIP			CITY_ST-71P	DO NOT WRIT		
title Name		i	TITLE NAME	IN THIS SPAC	E	
STREET ADDRESS	•		STREET ADDRESS			
CITY-ST-ZiP TITLE			COY-ST-ZIP TITLE			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS: City-St-7)P			
TITLE		,	TITE			
NAME STREET ADORESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
13. 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 11 or on an attachment with an address, with all other like empowered.						
SIGNATURE: () 4 4 (Totalla Con Contilla 7/19/07 8/4-477-7775						



COMMODITIES

#195000080969

Date: July 18, 2002

From: George Castellanos
To: Division of Corporations

To whom it may concern,

This is to inform you that this is the second year that we did not receive the Uniform Business Report. Therefore, as per my conversation with one of your representatives, she gave us instructions to download this form off your internet site and filled it out. Enclosed is a money order in the amount of \$150.00 to re-instate our corporation and also make a note of the change of address. Thank you and if you have any questions, feel free to contact me at 770-888-3030.

Thank you,

George Castellanos