

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000089523 1. Entity Name AMTRADE INTERNATIONAL, INC.	
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Principal Place of Business 1700 N DIXIE HWY STE 142 BOCA RATON, FL 33432 US	Mailing Address 1700 N DIXIE HWY STE 142 BOCA RATON, FL 33432 US
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0713548	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOORE, SEAN L
2900 EAST OAKLAND PARK BLVD., THIRD FLOOR
FT. LAUDERDALE, FL 33306

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPM RODRIGUEZ, JOSE O. 1700 N DIXIE HWY, SUITE 142 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADRIAZOLA-RODRIGUEZ, ANA 1700 N. DIXIE HIGHWAY, SUITE 142 BOCA RATON, FL
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04/28/05-80039-024 158.75

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IN THIS SPACE**

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: *Ana Rodriguez* **4-27-05** **561 367 7966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #