## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P96000025201 1. Entity Name 04-13-2006 90275 031 \*\*\*158.50 **GULF WESTERN TRADING LTD. INTERNATIONAL** CORPORATION Mailing Address Principal Place of Business 613 OCEAN DRIVE STE 8C 613 OCEAN DRIVE STE 8C 61102737U KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0683130 Not Applicable Zip Country Zip Country \$8.75 Additional ď 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HECHT, ALAN R Street Address (P.O. Box Number is Not Acceptable) **2670 NE 215 STREET** MIAMI, FL 33180 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOGLER, EDWARD N NAME 10 NAME STREET ADDRESS 613 OCEAN DR 8C STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME **BOSWORTH, JEANNETTE** NAME STREET ADDRESS 613 OCEAN DR 8C STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-ST-7IP CITY-ST-7IP TITLE TITLE **Delete** Change ☐ Addition FOGLER, YOLANDA NAME NAME STREET ADDRESS 613 OCEAN DR. 8C STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BOSWORTH, CHRISTOPHER NAME NAME C/O FOGLER, 613 OCEAN DR. 8C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 tilge empowered.

GULF Western Tradius

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Togke dote april 11, 2006

**FILED**