



05-01-2003 90820 002 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

00100010

<b>DOCUMENT # P96000027459</b>			
1. Entity Name <b>INDI TRADING CORPORATION</b>			
Principal Place of Business 16475 Golf Club Rd. Apt. 212 Weston, FL 33326		Mailing Address 16475 Golf Club Rd. Apt. 212 Weston, FL 33326	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>65-0841184</b>		Applied For Not Applicable	
5. Certificate of Status Desired <b>7</b>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MUNOZ, LUZDARY 427 STONEMONT DR WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name <b>MUNOZ, FERNANDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>16475 GOLF CLUB RD. APT. 212</b> City <b>WESTON</b> FL Zip Code <b>33326</b>	
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 <i>[Signature]</i>		DATE <b>4/28/03</b>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZ, FERNANDO</b>	NAME	
STREET ADDRESS	<b>427 STONEMONT DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON, FL 333263603</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZ, LUZDARY</b>	NAME	
STREET ADDRESS	<b>427 STONEMONT DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON, FL 333263603</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption listed 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 or without the empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: <b>4/28/03</b> 908-217-3076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR20034 (10/02)