FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

ringer hands of SIGNATURE:

## Jul 23, 2002 8:00 am **Secrétary of State** DOCUMENT # P97000020482 1. Entity Name 07-23-2002 90341 008 \*\*\*150.00 TRADE OFFSET, INC. Principal Place of Business Mailing Address 2900 NE 7TH AVE HUISIVDO 2900 NE 7TH AVE SHITE 117 SUITE 117 POMPANO BEACH FL 33064: POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0745868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERCHAY, ALLAN Street Address (P.O. Box Number is Not Acceptable) 5300 N.W. 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Change ☐ Addition NAME RANNO, AUGUST NAME STREET ADDRESS 5300 N.W. 33RD AVENUE, STE 117 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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-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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

## **Trade Offset**

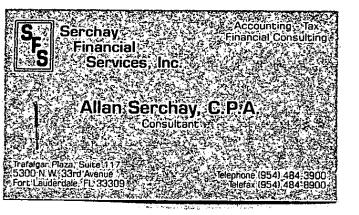
Hackment
Descument #
P1700000182
2900 North East 7th Avenue
Pompano Beach, FL 33064

Phone 954.783.6599 Fax 954.783.6462

July 18,2002

To: Dept of State

This is to intorm you that we just received this package and and fending \$150. 
An sending \$150. 
Aleast agust records



Come Trade offset