


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000051877</b> 1. Entity Name MULTITRADING-PROCARGO USA, INC.	
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Principal Place of Business 23114 SANDALFOOT PLAZA DR. BOCA RATON, FL 33428 US	Mailing Address 23114 SANDALFOOT PLAZA DR. BOCA RATON, FL 33428 US
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04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0759864	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required


**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

OLIVEIRA, JR., DERCILIO F 23114 SANDALFOOT PLAZA DR. BOCA RATON, FL 33428
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**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  **4/15/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVEIRA, DERCILIO F JR 23114 SANDALFOOT PLAZA DR. BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTZ-OLIVEIRA, MARIA 23114 SANDALFOOT PLAZA DR. BOCA RATON, FL 33428
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U00000334090  
04/27/05-80031-008 150.00

**DO NOT WRITE  
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:  **4/15/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #