

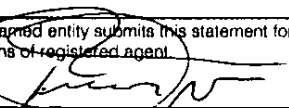
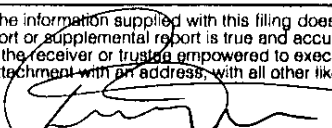


05-03-2007 90067 050 ***158.75

DOCUMENT # P97000071891 1. Entity Name GUIDANT TRADE, INC.				Secretary of State 05-03-2007 90067 050 ***158.75	
Principal Place of Business 9600 NW 25TH STREET SUITE 5-G MIAMI, FL 33172		Mailing Address 9600 NW 25TH STREET SUITE 5-G MIAMI, FL 33172		40104201 	
2. Principal Place of Business - No P.O. Box # 9433 FONTANBLEAU BLVD.		3. Mailing Address 9433 FONTANBLEAU BLVD.		04172007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104		4. FEI Number 65-0878062	
City & State MIAMI FL		City & State MIAMI FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33172		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAWLA, MANPREET 9600 NW 25TH STREET SUITE 5-G MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 4-24-2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PSD SARAIVA, REINALDO A 9600 NW 25TH STREET SUITE 5-G MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 like empowered. SIGNATURE:  DATE 4-24-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					