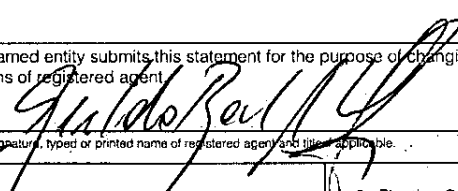
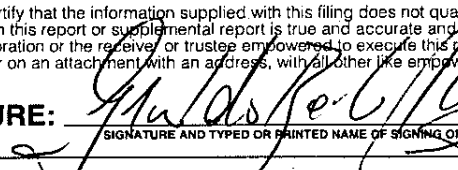


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91008 036 ***150.00

DOCUMENT # P97000081427 1. Entity Name VINCI TRADING CORP.					
Principal Place of Business 3100 NW 72ND AVE UNIT 104 MIAMI, FL 33122			Mailing Address 3100 NW 72ND AVE UNIT 104 MIAMI, FL 33122		
2. Principal Place of Business 6065 NW 167th Street Suite, Apt. #, etc. St. B-19 City & State Miami FL Zip 33015		3. Mailing Address 6065 NW 167th St Suite, Apt. #, etc. St. B-19 City & State Miami, FL Zip 33015		24067515 	
4. FEI Number 65-0784370		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PINTO, GERALDO R 3100 NW 72 AVE #104 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6065 NW 167th Street St. B-19 City Miami FL Zip Code 33015		
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: 4/28/04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD PINTO, GERALDO R 3100 NW 72 AVE #104 MIAMI, FL 33122	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROCHA, ELAINE R RUA BARTOLOMEIO SEIO 116 SAO PAULO SP BRASIL, 04580	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTO, GERALDO R RUA BARTOLOMEIO SEIO 116 SAO PAULO SP BRASIL, 04580	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMIC, GEORGE RUA BARTOLOMEIO SEIO 116 SAO PAULO, BC 04580	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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: 		Date: 4/28/04 Daytime Phone #: (305) 826-6262			