

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 015 ***150.00

DOCUMENT # P98000050013 1. Entity Name TRADING INVESTORS, INC.			
Principal Place of Business 5366 SANDHURST CIRCLE N LAKE WORTH, FL 33463 US		Mailing Address 5366 SANDHURST CIRCLE N LAKE WORTH, FL 33463 US	
2. Principal Place of Business 4606 NW 78th Ave Suite, Apt. #, etc.		3. Mailing Address 4606 NW 78th Ave Suite, Apt. #, etc.	
City & State Ocala FL		City & State Ocala FL	
Zip 34482		Country USA	
4. FEI Number 65-0840700		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, LUIS C 5366 SANDHURST CIRCLE N LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name: MORALES, LUIS C. Street Address (P.O. Box Number is Not Acceptable): 4606 NW 78th Ave City: Ocala FL Zip Code: 34482	
8. The above named entity certifies 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: <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, 2006 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	PTD MORALES, LUIS C 5366 SANDHURST CIRCLE N LAKE WORTH, FL 334635810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 NW 78th Ave Ocala FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHORQUEZ, SONIA A 5366 SANDHURST CIRCLE N LAKE WORTH, FL 334635810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 NW 78th Ave Ocala FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANABRIA, GLADYS 5961 WHISPERING PINE WAY #02 GREENACRES, FL 334633190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2950 Ashley Dr E #C West Palm Beach FL 33415
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
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
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
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 of justice 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:		Luis C. MORALES 04-28-06 (561) 4269215	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	