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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000087494 1. Entity Name L.D. TRADE, INC.						TALL	OS DEC 14 PM 12: 54	
Principal Plac 4072 N.W. 9 MIAMI, FL 3	94 CT 33178		Mailing Address 8001 N.W. 36TH STREE SUITE 107 MIAMI, FL 33166	T				
2. Principal Place of Business 1301 NW 89+h. CourT			3. Mailing Address	, T				
Suite, Apt. #, etc. 207			Suite, Apt. #, etc.	1205200		CR2E098 (6/04)		
City & State Doral, FL.		City & State Doral FL		• 4. FEI Nun	nber 3 70256	Applied For Not Applicable		
Zip 331		USA	331 <i>72</i>	USA		ate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
RAMIREZ, ADELARDO 4512 Ñ.W. 94 CT. MIAMI, FL 33178					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILI After Jai	E NOW!!! F nuary 1, 20	EE IS \$750.00 06, Fee will be \$900.0	0					
10.	Too	OFFICERS AND I		11,			ICERS AND DIRECTORS IN 11	
TITLE NAME	PD RAMIREZ	, ABELARDO	☐ Delete	TITLE NAME	Abelardo	Remire	2	
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TITLE NAME	SD RAMIREZ	11115	🔀 Delete	TITLE NAME			☐ Change ☐ Addition	
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CITY-ST-ZIP	MIAMI, FL 33166 CITY-ST							
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title Name	ļ		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
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CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE NAME			☐ Delete	TITLE			☐ Change ☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>			
		a inicirmation supplied with	trus tiling poes not quality for t	ne exemption stat	rea in Section 119.07/.	3)(ı), Florida Statutes. I	I further certify that the information	
indicated of the cor	derally that the lon this repor rporation or th	t or supplemental report is e receiver or trustee empo	true and accurate and that my wered to execute this report a	y signature shall h s required by Cha	ave the same legal ef	lect as it made under dutes; and that my name	path; that I am an officer or director a appears in Block 10 or Block 11 if	
indicated of the cor changed,	d on this repor rporation or th , or on an atta	t or supplemental report is e receiver or trustee empo chment with an address, w	true and accurate and that my wered to execute this report a vith all other like empowered.	y signature shall h s required by Cha	ave the same legal ef apter 607, Florida Stati	,	I further certify that the information path; that I am an officer or director a appears in Block 10 or Block 11 if	
indicated of the cor changed,	, or orrainalla	chinent with an address, w	true and accurate and that my wered if execute this report a vith all wher like empowered.		ave the same legal ef apter 607, Florida Stati	,	path; that I am an officer or director e appears in Block 10 or Block 11 if 9 305-468-19/8	



FLORIDA DEPARTMENT OF STATE

REFERENCE: REINSTATE: L.D. TRADE, INC

I, Abelardo Ramirez, owner of LD Trade have not received the statement for the annual renewal for the Corporation due to a wrong address. The address registered as main office is wrong and also I have not received any correspondence to my home address 4512 NW 94 Ct. Miami, FL 33178.

Please I request to reinstate LD Trade as a Corporation to continue doing business under the same name: LD Trade.

Sincerely,

Abelardo Ramírez

President