

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90144 032 ***150.00

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1. Entity Name
L.D. TRADE, INC.



Principal Place of Business
**8001 N.W. 36TH STREET
SUITE 107
MIAMI FL 33166**

Mailing Address
**8001 N.W. 36TH STREET
SUITE 107
MIAMI FL 33166**



2. Principal Place of Business
4012 NW 94 CT

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip **33178** Country **USA**

Zip Country

4. FEI Number **65-0870256**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAMIREZ, ADELARDO
8181 N.W. 36TH STREET
SUITE 107
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **RAMIREZ, ABELARDO**

Street Address (P.O. Box Number is Not Acceptable)
4512 NW 94 CT

City **MIAMI** State **FL** Zip Code **33178**

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 **ABELARDO RAMIREZ / PRESIDENT** DATE **1/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME RAMIREZ, ADELARDO	
STREET ADDRESS 8001 N.W. 36TH STREET STE 107	
CITY-ST-ZIP MIAMI FL 33166	
TITLE SD	<input type="checkbox"/> Delete
NAME RAMIREZ, LUIS	
STREET ADDRESS 8001 N.W. 36TH STREET STE 107	
CITY-ST-ZIP MIAMI FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **ABELARDO RAMIREZ / PD** DATE **1/20/03** DAYTIME PHONE # **(305) 588 0616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)