

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

03-21-2005 90094 031 ***150.00

DOCUMENT # P99000004423

1. Entity Name

A-1 NETWORK TRADING CORP.



Principal Place of Business

13937 SW 84 ST.
MIAMI, FL 33183

Mailing Address

13937 SW 84 ST.
MIAMI, FL 33183

66016012



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0887861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAYME CORDEIRO, LUIZ
13937 SW 84 ST.
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DE SOUZA, GENISON
STREET ADDRESS	13937 SW 84 ST.
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	VFD
NAME	CORDEIRO, LUIS JAYME
STREET ADDRESS	13937 SW 84 ST.
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	VD
NAME	CORDEIRO, ROSILENE
STREET ADDRESS	13937 SW 84TH STREET
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/05

Date

(305)458-4143

Daytime Phone