2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000030954

1. Entity Name

MIAMI TRADE CENTER, INC.



FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90434 047 ***150.00

Principal Place of Business

Mailing Address

13.91. W HALLANDALE HOLLYWOOD, FL 33023 15 NW 204 ST \$10 MIAM! El 33169



04152005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0992790

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOLGHADR, ESFANDIAR 11534 NW 4TH MANOR CORAL SPRINGS, FL 33071

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or a	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable, (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOLGHADR, IRAJ 15 NW 204 ST 10 MIAMI, FL 33179					
- TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZOLGHADR, ESFANDIAR 11534 N.W. 4 MANOR CORAL SPRINGS, FL 33071	ir '	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	,	;				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •					
12. I hereby cartify that the information symplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes, I further certify that the information						

12. I hereby certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Firther certify that I am an office of infector 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

4/26/05 786-290-842

Daytime Phone #