2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P99000049022 1. Entity Name TEKTRADE, INC.				05-02-2007 90041 020 ***150.00
Principal Place of Business 566 NW 208TH WAY PEMBROKE PINES, FL 33029		Mailing Address 566 NW 208TH WAY PEMBROKE PINES, FL 33	3029	
Principal Place of Business - No P.O. Box # 3. Mailing Address		•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 65-0967820 Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
5001101	EOTHED MANUA		Name	sther Vania Jones
ESSUCY, ESTHER VANIA 750 N.E. 64TH ST., STE. B-501			Street Addr	ess (P.O. Box Number is Not Acceptable)
MIAMI, FL 33138			566	6 NW 208 Way
				nbroke Pines FL Zip Code 330 20
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 registared agent. SIGNATURE Signature, bytest of printed name of registared agent and title mapplicable. (NOTE: Registered Agent signature required when remstating) OATE				
FILE NOW!!! IEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSD John & S ESSUCY, ESTHER VANIA	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	9631 FONTAINBLEAU BLVD., #	115 566 NW 288 WAY	STREET ADDRESS	
CITY-ST+ZIP	MIAMI, FL 33172 Pembroke	_		
TITLE NAME STREET ADDRESS	VTD ESSUCY, JOSE JACOB -9031 FONTAINBLEAU BLVD., #4		NAME STREET ADORESS	☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI, FL 33172 Pembroke		CITY-ST-ZIP	
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-7IP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ACCRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	pertify that the information supplied with	this filing does not qualify for the		tained 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	tained in Chapter 119, Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

buc ESTHER VANIAJONES OU/12/07/954/444.9392