



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000070036</b> 1. Entity Name <b>FLOREX TRADING, INC.</b>						SECRETARY OF STATE DIVISION OF CORPORATE REGISTRATION 06 OCT 26 AM 10:49	
Principal Place of Business <b>9737 NW 41ST STREET, #499 DORAL, FL 33178</b>				Mailing Address <b>P.O. BOX 667633 MIAMI, FL 33166</b>			
2. Principal Place of Business		3. Mailing Address <b>9737 NW 41ST</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>499</b>					
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>					
Zip <b>33178</b>	Country <b>U.S.</b>	Zip <b>33178</b>	Country <b>U.S.</b>				
4. FEI Number <b>65-0942131</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MENDOZA, ANA M 9737 NW 41ST STREET, #499 DORAL, FL 33178</b>				7. Name and Address of New Registered Agent Name <b>Tracy Gonzalez</b> Street Address (P.O. Box Number is Not Acceptable) <b>9737 NW 41ST SUITE 499</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>			
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 <u><i>Tracy Gonzalez</i></u> DATE <u>10/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MENDOZA, ANA M 9737 NW 41ST STREET, #499 DORAL, FL 33178</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Tracy Gonzalez 9737 NW 41ST #499 Miami, FL 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100081254511 10/26/06--01038--007 **70.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Tracy Gonzalez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>President</u> <b>305-219-0611</b> <small>Date Daytime Phone #</small>			