


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |   |         |  |  |  |   |  |
|---|---|---------|--|--|--|---|--|
| <b>DOCUMENT # P99000070036</b><br>1. Entity Name<br><b>FLOREX TRADING, INC.</b>   |   |         |  |   |  | <b>FILED</b><br><b>07 APR 30 PM 12:29</b><br>CLERK OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>9737 NW 41ST STREET, #499</b><br><b>DORAL, FL 33178</b>   |   |         |  | Mailing Address<br><b>9737 NW 41ST STREET, #499</b><br><b>DORAL, FL 33178</b>  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   |         |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   |         |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   |         |  | City & State   |  |   |  |
| Zip   |   | Country |  | Zip  |  | Country   |  |
| 4. FEI Number<br><b>65-0942131</b>  |   |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |  | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>GONZALEZ, TRACY</b><br><b>9737 NW 41ST STREET, #499</b><br><b>DORAL, FL 33178</b>  |   |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Santos, Eduardo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9737 NW 41ST #499</b><br>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.<br>SIGNATURE <u>Eduardo Santos</u> DATE <u>4/24/07</u><br><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 <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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P <b>GONZALEZ, TRACY</b> <input checked="" type="checkbox"/> Delete<br><b>9737 NW 41ST STREET, #499</b><br><b>DORAL, FL 33178</b> |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <b>Eduardo Santos</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>9737 NW 41ST #499</b><br><b>Miami, FL 33178</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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.<br>SIGNATURE: <u>Eduardo Santos</u> DATE <u>4/24/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |   |         |  |  |  |   |  |