

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 011 ***150.00

DOCUMENT # P99000094719
1. Entity Name
Zory Trading Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2975 NW 17 Ave.</u> Suite, Apt. #, etc.	3. Mailing Address <u>2975 NW 17 Ave.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Miami, FL</u>	City & State <u>Miami, FL</u>	4. FEI Number <u>65-0960042</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33142</u>	Country <u>U.S.</u>	Zip <u>33142</u>	Country <u>U.S.</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Zoraida Fernandez</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2975 NW 17 Ave.</u>
City <u>Miami</u> FL Zip Code <u>33142</u>

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.

SIGNATURE: Zoraida Fernandez DATE: 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P Zoraida Fernandez 2975 NW 17 Ave Miami, FL 33142</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Zoraida Fernandez DATE: 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)