

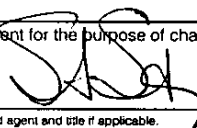
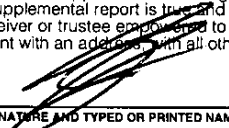


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90169 034 ***150.00

DOCUMENT # S74860 1. Entity Name MULTINATIONAL TRADING COMPANY					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 1775 MIAMI, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 1775 MIAMI, FL 33133		
2. Principal Place of Business 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 800 City & State Miami FL Zip 33133		3. Mailing Address 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 800 City & State Miami FL Zip 33133		<div style="font-size: 24pt; transform: rotate(-10deg);">14003517</div> 	
4. FEI Number 65-0280541		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STANLEY, SHERRY 2601 SOUTH BAYSHORE DRIVE SUITE 1775 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Stanley, Sherry A Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive, Ste 800 City Miami FL Zip Code 33133		
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:  Stanley A Stanley 4/25/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFCHIK, JEFFREY 2601 S BAYSHORE SE 1775 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFCHIK, JEFFREY 2601 S. Bayshore Drive Ste 800 Miami FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 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 10 or Block 11 if changed, or on an attachment with an addendum with all other like empowered.					
SIGNATURE:  Jeffrey A Safchik 4/25/2005 305-858-4225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					