2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90549 010 ***150.00

20015392

DOCUMENT # V00518

1. Entity Name
TRANSOCEAN INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
~~12336 SW 75TH ST.~~	~~12336 SW 75TH ST.~~
~~MIAMI FL 33183 3602~~	~~MIAMI FL 33183 3602~~
~~US~~	~~US~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
7401 NW 7th ST		7401 NW 7th ST	
Suite, Apt.#, etc. #5		Suite, Apt.#, etc. #5	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126-2906	Country US	Zip 33126-2906	Country US

4. FEI Number 65-0303367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, JIM
5550 SW 87TH AVENUE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	~~DPS~~ / ~~FALAVIGNA, LAERTE~~ / ~~12336 SW 75TH ST.~~ / ~~MIAMI FL~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS / FALAVIGNA, LAERTE / 10730 NW 66 th ST #213 / MIAMI, FL 33178-3708 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ LAERTE FALAVIGNA PRES. 01/14/03 305 260-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #