



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 039 ***150.00

DOCUMENT # V48546 1. Entity Name PROEX TRADING, INC.					
Principal Place of Business 25 S.E. 2ND AVE. STE 830 MIAMI, FL 33131			Mailing Address 25 S.E. 2ND AVE. STE 830 MIAMI, FL 33131		
2. Principal Place of Business 3390 Mary Street, Suite, Apt. #, etc. suite #270 City & State Coconut Grove, FL 33133		3. Mailing Address 3390 Mary Street, Suite, Apt. #, etc. suite #270 City & State Coconut Grove, FL			
Zip 33133		Country USA		4. FEI Number 65-0341615	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent STEPHEN NAGIN & ASSOCIATES 3110 SOUTHEAST FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131-2388				7. Name and Address of New Registered Agent Name GIDNEY & COMPANY, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 326 Seventy First Street, City MIAMI BEACH, FL Zip Code 33141	
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 _____ <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, 2006 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	P ABRARDOUR, ABBOS 25 SE 2ND AVE #830 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABBOS ABRARPOUR 3390 MARY STREET, SUITE #270 COCONUT GROVE, FL 33133
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/01/06 Daytime Phone # 305-774-7404		