
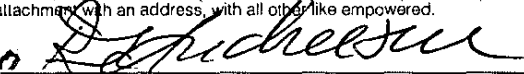


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90068 019 \*\*\*150.00

<b>DOCUMENT # V72252</b> 1. Entity Name <b>ANDERSEN TRADING INCORPORATED</b>						
Principal Place of Business <b>275 BALBAY DRIVE BAL HARBOUR, FL 33154</b>			Mailing Address <b>275 BALBAY DRIVE BAL HARBOUR, FL 33154</b>			
2. Principal Place of Business <b>8550 W. Flagler St</b>		3. Mailing Address <b>8550 W. Flagler St</b>				
Suite, Apt. #, etc. <b>111</b>		Suite, Apt. #, etc. <b>111</b>				
City & State <b>Miami, Fl.</b>		City & State <b>Miami, Fl.</b>				
Zip <b>33144</b>		Country <b>USA</b>		4. FEI Number <b>65-0366735</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>VIDAL BART C 8550 W FLAGLER ST #111 MIAMI, FL 33144</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>(NOTE: Registered Agent Signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PTD ANDREESCU, RAZVAN V 275 BALBAY DRIVE BAL HARBOUR, FL 33154		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8550 W. Flagler St #111 Miami, Fl. 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDREESCU, FELICIA 275 BALBAY DR MIAMI, FL 33154		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8550 W. Flagler St #111 Miami, Fl. 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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: 			1/24/05      305-553-7029			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #			