

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006351

1. Entity Name

GERBER TRADE FINANCE INC.



Principal Place of Business

110 EAST 55TH STREET
NEW YORK, NY 10022

Mailing Address

110 EAST 55TH STREET
NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



01032005

No Chg-P

CR2E034 (10/03)

4. FEI Number

13-3899530

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRASNA, GARY M
3010 N. MILITARY TRAIL, SUITE 210
BOCA RATON, FL

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11000000263677
03/14/05-80101-021 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOSEPH, GERALD
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE V
NAME EBERT, MARY KAY
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE S
NAME KOSLOWSKY, JEFFREY
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE T
NAME LOZOVER, DAVID
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D
NAME ABRAHAM, LEE
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D
NAME TRADONSKY, HOWARD
STREET ADDRESS 110 EAST 55TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05
Date

(212) 888-3833 x210
Daytime Phone #