

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083589

FILED
Apr 30, 2004
Secretary of State

Entity Name: TILDE'S TRADING CORP.

Current Principal Place of Business:

3500 MYSTIC POINT DR 1101
AVENTURA, FL 33180

New Principal Place of Business:

3500 MYSTIC POINT DR
SUITE # 1101
AVENTURA, FL 33180

Current Mailing Address:

3500 MYSTIC POINT DR 1101
AVENTURA, FL 33180

New Mailing Address:

3500 MYSTIC POINT DR
SUITE # 1101
AVENTURA, FL 33180

FEI Number: 54-2066432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFIE, ADOLFO
3500 MYSTIC POINT DR 1101
AVENTURA, FL 33180

Name and Address of New Registered Agent:

ALFIE, ADOLFO
3500 MYSTIC POINT DR
#1101
AVENTURA, FL 33180

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.

SIGNATURE: ADOLFO ALFIE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ALFIE, ADOLFO
Address: 3500 MYSTIC POINT DR 1101
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: ALFIE, MARILDE
Address: 3500 MYSTIC POINT DR 1101
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ALFIE, ADOLFO
Address: 3500 MYSTIC POINT DR #1101
City-St-Zip: AVENTURA, FL 33180

Title: V (X) Change () Addition
Name: ALFIE, MATILDE
Address: 3500 MYSTIC POINT DR #1101
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLFO ALFIE

PS

04/30/2004

Electronic Signature of Signing Officer or Director

Date