2004 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

Secretary of State DOCUMENT # P03000156165 1. Entity Name 06-08-2004 90002 022 ***150.00 MASTER TRADE, INC. Mailing Address Principal Place of Business 3530 SW RACQUET CLUB WAY PALM CITY FL 34990 3530 SW RACQUET CLUB WAY 00420000 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address 3530 SW et Club Wa 3530 sw Razanet C Suite, Apt. #, etc Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State Applied For 34-Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 3530 SW RACQUET CLUB WAY PALM CITY FL 34990 City 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, typed or printed name of registered agent and life if applicable FILE NOW!!!] FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President MILE: TITLE ☐ Change ☐ Addition NALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP=T E CITY-ST-ZIP MLE Delete ☐ Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 gither like empowered. SIGNATURE:

FILED

Jun 21, 2004 8:00 am