


2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 122

FILED

04 AUG 18 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|--|---|
| DOCUMENT # P03000025281 | |  |
| 1. Entity Name 49TH STREET TRADE CENTER, INC. | | |

| | |
|--|--|
| Principal Place of Business 1601 20TH STREET VERO BEACH, FL 32960 US | Mailing Address 1601 20TH STREET VERO BEACH, FL 32960 US |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



08092004 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 20-1408360 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent SULLIVAN, CHARLES A JR. 1601 20TH STREET VERO BEACH, FL 32960 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

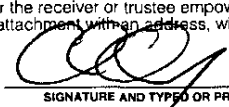
SIGNATURE _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 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/V/T/S/D Charles A. Sullivan, Jr. 1601 20th Street Vero Beach, FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

800040323728
08/19/04--01034--016 \$130.00

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:  Charles A. Sullivan, Jr. 8/16/04 (772) 567-4371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

pg 2 of 2

SULLIVAN & SULLIVAN

ATTORNEYS AT LAW

1601 20th Street

Vero Beach, Florida

(772) 567-4371

FAX (772) 778-4947

CHARLES A. SULLIVAN, SR.

CHARLES A. SULLIVAN, JR.

MAILING ADDRESS

POST OFFICE BOX 2620

VERO BEACH, FLORIDA 32961-2620

August 16, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Tina Roberts, Document Specialist

RE: 49th Street Trade Center, Inc.
Ref Number: P03000025281

Dear Ms. Roberts:

Pursuant to my secretary's recent telephone conversation with your office I have enclosed the following: (1) your letter of August 10, 2004; (2) my letter of July 28, 2004; (3) a copy of my receipt for payment of the Annual Report; (4) the completed 2004 Annual Report form.

As discussed, I did not receive a notice from the Division of Corporations regarding the Annual Report nor did I receive a notice stating that the Annual Report was late or past due. Therefore, as instructed, I am enclosing my check in the amount of \$150.00 for the filing fee for the Annual Report.

Thank you in advance for your assistance with this matter.

Sincerely,



Charles A. Sullivan, Jr.

tlh
encls.