

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 572819**  
1. Entity Name  
**FLORIDA CHEMICALS & TRADING COMPANY**



Principal Place of Business: **10300 SUNSET DR, STE 272  
MIAMI, FL 33173**  
Mailing Address: **10300 SUNSET DR, STE 272  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

  
 01062004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: **59-1833507** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

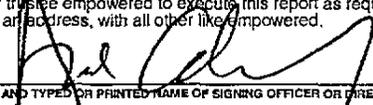
U00000062264  
02/23/04-80114-013 198.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISHOOF, ASAD 11450 S.W. 60TH AVENUE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ISHOOF, BIBI HALIMA 11450 S.W. 60TH AVENUE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  **ASAD ISHOOF** 2-20-04 305.595.6916  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #