2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 31, 2004 8:00 am **Secretary of State DOCUMENT # 614785** 1. Entity Name 03-31-2004 90010 011 ***150.00 G & G TRADING, INC. Principal Place of Business Mailing Address 74052 OVERSEAS HWY 2518 SW 30TH AVE FORT LAUDERDALE FL 33312 54024740 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1905774 Not Applicable Zip Country Zip Country \$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 GREENWALD, IRA W 2518 SW 30TH AVE. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 1/# OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete TITLE □ Change ☐ Addition NAME GREENWALD, IRA W NAME 74052 OVERSEAS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP ☐ Delete TITLE Change Addition GREENWALD, DORIS M NAME STREET ADDRESS 2518 SW 30TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

FILED

SIGNATURE: Daytime Phone #