2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCU 1. Entity Nam				A	pr 22, 200 Secretar	5 08:0	0 AM		
G>F	RADING, INC.		}				Secretar	y 01 5ta	acc
Principal Plac	e of Business	Mailing Ac	kiress		<u> </u>	7			
			30TH AVE UDERDALE	FL 3331	2				
						1			
			Address			<u> </u>			
Suite, Apt. #, etc. Suite, Ap			ıt. #, etc.			1:	st MOORE (CR2E034 (10.	/04)
City & State			ale			4. FEI Num	59-1905774		Applied For Not Applicab!
Ζ ιρ	Country	Zip		Coun	try	5. Certificat	e of Status Desired		75 Additional Required
	6. Name and Address of Curren	Registered A	ent	<u>, </u>		7. Name an	d Address of New Re	gistered Agen	ŧ
0.05	 		Name						
GREENWALD, IRA W 2518 SW 30TH AVE. FORT LAUDERDALE FL 33312			Street Address		(P.O. Box Numl	ber is Not Acceptable)			
					City		<u>.</u>		Zip Code
			•				n to do Or to Office	ГЬ	
	named entity submits this statement for the stat	or the purpose	a changing its	s registere	ed office or registe	red agent, or b	otn, in the State of Flor	ida, Tam famili	ar with, and accep-
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	, (NO	TE Registere	d Agent signature require	d when reinstating)		DATE	 -
	ILE NOW!!! FEE IS \$150.00	,					 		`. :.
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of						Election Campal Trust Fund Contr		\$5.00 May Band Added to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRE	
TITLE	PST IDAM		Delete	THE NAME	I				Change 🔲 Addition
NAME Street address	GREENWALD, IRA W 74052 OVERSEAS HWY	1	- -		ET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 33036	1		- 1	SI-ZIP				
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NAME	GREENWALD, DORIS M			NAM:			Bananaaa	ግባልተግ	
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CITY-ST-ZIP		<u> </u>			·ST · ZIP				 .
12. Thereby of indicated of the cor changed	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	h this filing does s true and accu- lowered to exec with all other like	not qualify for rate and that the ute this report e empowered	r the exer my signat as requir	nption stated in Se ure shall have the red by Chapter 60	ection 119,07(3 same legal effe 7, Florida Statut	(i), Florida Statutes. I f ct as if made under oa es; and that my name	urther certify the ith, that I am an appears in Bloc I	at the information officer or director ok 10 or Block 11
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SIGNAT	URE: KOW	vun		110	w 610	ELMU	<u> </u>	<u> </u>	T SO FIE

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