
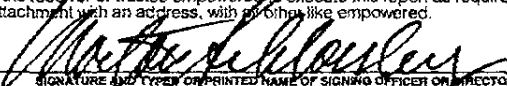


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # 629723</b>   |   |   |
| 1. Entity Name<br>TRIDENT INDUSTRIAL PRODUCTS CORP.  |   |  |
| Principal Place of Business<br>8555 W. MCNAB RD<br>TAMARAC, FL 33321   |   | Mailing Address<br>8555 W. MCNAB RD<br>TAMARAC, FL 33321   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>SCHNEIDER, JEROME<br>8040 BUTTONWOOD CR.<br>TAMARAC, FL 33321   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)</small> DATE _____  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SCHLOSSBERG, MORTON<br>10157 NW 3RD PLACE<br>CORAL SPRINGS, FL    | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>GORDON, STEVEN<br>5879 NW 126TH TERR.<br>CORAL SPRINGS, FL 33076 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered. |   |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | Date: 1/12/04 Daytime Phone #: 954-726-0270  |

**MORTON SCHLOSSBERG**