

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697825

FILED
Apr 28, 2004
Secretary of State

Entity Name: TRADEX GROUP CORP.

Current Principal Place of Business:

18305 BISCAYNE BLVD., SUITE 303
AVENTURA, FL 33160

New Principal Place of Business:

210-174TH ST.
SUITE 719
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18305 BISCAYNE BLVD., SUITE 303
AVENTURA, FL 33160

New Mailing Address:

17100 COLLINS AVE.
110-108
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0067068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELNECAVE, ROLAND
210 174 ST.
N MIAMI BCH., FL 33160

Name and Address of New Registered Agent:

ELNECAVE, ROLAND
210 174 ST.
N MIAMI BCH., FL 33160

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.

SIGNATURE: ROLAND ELNECAVE

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: ELNECAVE, SARA L,
Address: 210-174 ST.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: ELNECAVE, ROLAND
Address: 210-174 ST.
City-St-Zip: SUNNY ISLES BEACH, FL

Title: D (X) Delete
Name: DEUTSCH, LINDA,
Address: 26345 EVELYN CT.
City-St-Zip: FRANKLIN, MI

Title: D (X) Delete
Name: SCHAFER, ARNOLD,
Address: 365 WOODRIDGE
City-St-Zip: BLOOMFIELD HILLS, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: ELNECAVE, SARA L
Address: 210-174 ST.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P (X) Change () Addition
Name: ELNECAVE, ROLAND
Address: 210-174 ST.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND ELNECAVE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date