

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001946

1. Entity Name
ON-LINE BROKERAGE, INC.



Principal Place of Business
**160 INTERNATIONAL PARKWAY, SUITE 180
HEATHROW, FL 32746**

Mailing Address
**485 MADISON AVE., 14TH FL
NEW YORK, NY 10022**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3743181

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIORDANO, ALEX
STREET ADDRESS 485 MADISON AVE., 14TH FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE VCD
NAME BALZOFIORE, GARY J
STREET ADDRESS 485 MADISON AVE., 14TH FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE SVD
NAME KETTIG, DAVID T
STREET ADDRESS 485 MADISON AVE., 14TH FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE T
NAME LORD, ROBERT
STREET ADDRESS 160 INTERNATIONAL PARKWAY, STE. 180
CITY-ST-ZIP HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000013386
01/26/04-80051-018 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/04 212-355-4141