


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004282
 1. Entity Name
 PHOENIX TRADING CORPORATION



Principal Place of Business: 1133 53RD COURTH NORTH, MANGONIA PARK, FL 33407
 Mailing Address: PO BOX 10115, RIVIERA BEACH, FL 33419

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 36-3881415 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PFEFFER, IRA M
 1133 53RD CT N
 MANGONIA PARK, FL 33407

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PFEFFER, IRA
STREET ADDRESS	1133 53RD CT N
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	SHERWIN, JAMES
STREET ADDRESS	ADLIGENSWILERSTRASSE 37
CITY - ST - ZIP	6006 LUZERN SWITZERLAND,
TITLE	VSD
NAME	PARNASS, GEOFFREY
STREET ADDRESS	2 PARK WAY
CITY - ST - ZIP	UPPER SADDLE RIVER, NJ 07458
TITLE	AS
NAME	OUTLAW, CHRIS
STREET ADDRESS	2 PARK WAY
CITY - ST - ZIP	UPPER SADDLE RIVER, NJ 07458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000192072
 01/25/05-80004-015 150.00

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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: Ira Pfeffer 1-20-05 561-845-8388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #