


**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 |                              |

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 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 Date: 1-20-05 Daytime Phone #: 561-845-8388