2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G16088

1. Entity Name
INTERWOVEN TRADING CORPORATION

Principal Place of Business	Mailing Address
7300 BIRD RD MIAMI, FL 33155	7300 BIRD RD MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

03222004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2236491		Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMAN JOSE
7300 BIRD RD
MIAMI, FL 33155

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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_____

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	SIMAN, JOSE
STREET ADDRESS	7300 BIRD RD
CITY - ST - ZIP	MIAMI, FL

TITLE	SD
NAME	SIMAN, TEOFILO
STREET ADDRESS	7300 BIRD RD
CITY - ST - ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/26/04-80031-019 150.00

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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: _JOSE SIMAN_   3/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #