2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND I

May 03, 2004 8:00 am Secretary of State DOCUMENT # H24838 05-03-2004 90395 013 ***158.75 U.S. TRADING CORPORATION, INC. Principal Place of Business Mailing Address 11389 SW 85 LANE MIAMI FL 33173 11389 SW 85 LANE MIAMI FL 33173 94077884 2. Principal Place of Business 3. Mailing Address 7762 N.W. 72 7762 N.W. 72 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2586933 MAMI MIAMIN Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUTHBY, CHRISTOPHER H 18658 N.W. 24 PLACE PEMBROKE PINES FL 33029 8. The above named entity submits this tor 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 ag SIGNATURE Signature, typed or pri (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition TOHN & SOUTHBY 11389 SW PS LANE Mimi, p. 33173 SOUTHBY, CHRISTOPHER H NAME STREET ADDRESS 18658 N.W. 24 PLACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP THILE. TITLE Delete Change Addition CHRIS. SOUTHBY SOUTHBY, JOHN G NAME NAME 18769 Sw 28 ST 11389 SW 85TH LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this titing 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.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED