AMENDED

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-26-2004 90004 005 ****61.25
H24838

04 MAY 27 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H24838

1. Entity Name
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

05042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2586933 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOUTHBY, CHRISTOPHER H
18658 N.W. 24 PLACE
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name MR. DESMOND FALLA
Street Address (P.O. Box Number is Not Acceptable) 7762 N.W. 72 AVE
MIAMI FL
City FL Zip Code 33166

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] MAY 14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SOUTHBY, CHRISTOPHER H 18658 N.W. 24 PLACE PEMBROKE PINES, FL 33029	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRE~~ PS DESMOND FALLA 7762 N.W. 72 AVE MIAMI FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUTHBY, JOHN G 11389 SW 85TH LN MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] MAY 14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #