

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 015 ***150.00

DOCUMENT # H78955	
1. Entity Name SOUTHERN CONE TRADING COMPANY	

Principal Place of Business 501 BRICKELL KEY DR STE 602 MIAMI, FL 33131 US	Mailing Address 501 BRICKELL KEY DR STE 602 MIAMI, FL 33131 US
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94025336



2. Principal Place of Business 1001 BRICKELL BAY DR. Suite, Apt. #, etc. Suite 1508	3. Mailing Address 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite 1508
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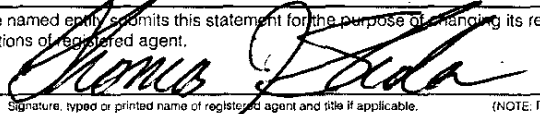
02272004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-2585176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKOLA, THOMAS J. 501 BRICKELL KEY DR STE 602 MIAMI, FL 33131	
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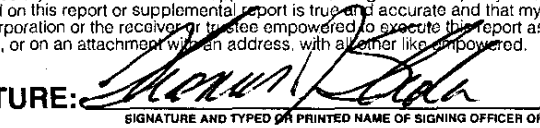
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Dr, Suite 1508 City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE 	DATE 3/3/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SKOLA, THOMAS J. 501 BRICKELL KEY DR STE 602 MIAMI, FL 33131 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 Brickell Bay Dr, Suite 1508

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: 	DATE 3/3/2004 305-577-3988