

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J52041

1. Entity Name
ALLTRADERS INTERNATIONAL CORPORATION



Principal Place of Business
2981 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

Mailing Address
2981 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

FILED
Mar 01, 2004 08:00 AM
Secretary of State



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2830441

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVIR, ISRAEL
3715 NORTH 37TH TERRACE
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 is typed or printed name of registered agent and the filer, 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	SAVIR, ISRAEL
STREET ADDRESS	2981 W MCNAB RD
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000072120
03/01/04-80097-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 2/24/04 (954) 984 8425