

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54135

Entity Name: NEW-ERA TRADING GROUP, INC.

FILED
Feb 26, 2005
Secretary of State

Current Principal Place of Business:

7511 NW FIRST CT.
PEMBROKE PINES, FL 330247003

New Principal Place of Business:

Current Mailing Address:

7511 NW FIRST CT.
PEMBROKE PINES, FL 330247003

New Mailing Address:

FEI Number: 65-0093914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCKE, STEVEN L
7511 NW 1ST COURT
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HOCKE, STEVEN L
Address: 7511 NW FIRST CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: GRANT, J. STUART
Address: 1901-17 WEST BAY DRIVE SUITE 199
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: MALLET, RONALD L
Address: 2716 VICTORIAN OAKS DR.
City-St-Zip: JACKSONVILLE, FL 322231865

Title: DS () Delete
Name: MORRIS, JACKSON L
Address: 3116 W NORTH A STREET
City-St-Zip: TAMPA, FL 336091544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L HOCKE

DPT

02/26/2005

Electronic Signature of Signing Officer or Director

Date