


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M30419.</b>	
1. Entity Name <b>SEA TRADERS, INC.</b>	

Principal Place of Business <b>1300 N.E. 214 ST. N. MIAMI BEACH, FL 33179</b>	Mailing Address <b>1300 N.E. 214 ST. N. MIAMI BEACH, FL 33179</b>
--	--

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2685422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GASCHLER, JOE  
1300 N.E. 214 ST.  
N. MIAMI BEACH, FL 33179**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GASCHLER, JOE 1300 NE 214TH ST N MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>GASCHLER, DORIS 1300 NE 214TH ST N MIAMI BEACH, FL 33179</b>
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	

DO NOT WRITE  
IN THIS SPACE

U00000169927  
08/12/04-80004-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** Joseph J. Gaschler **8-8-04-305 652-8201**