


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

M44749

**DOCUMENT # M44749**  
 1. Entity Name  
**FSF TRADING CORP.**



FILED  
 06 APR 17 11:11:20

Principal Place of Business Mailing Address  
**C/O HARVEY OXENBERG** **C/O HARVEY OXENBERG**  
**1111 N.W. 159TH DRIVE** **1111 N.W. 159TH DRIVE**  
**MIAMI FL 33169** **MIAMI FL 33169**



3/27/06 90051 047 150.00  
 1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. P.O. Box 69-4211  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FLA**

4. FEI Number **59-2763916** Applied For Not Applicable

Zip Country Zip Country  
**33269-4211 USA**

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

6. Name and Address of Current Registered Agent  
**OXENBERG, HARVEY**  
**1111 N.W. 159TH DRIVE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reconstituted) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OXENBERG, HARVEY 1111 N.W. 159TH DR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS METZKES, MICHAEL 1111 NW 159 DRIVE MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Harvey Oxenberg **HARVEY OXENBERG** 3/16/06 305-621-7600 x 123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #