


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 041 ***150.00

DOCUMENT # M44749	
1. Entity Name FSF TRADING CORP.	

Principal Place of Business C/O HARVEY OXENBERG 1111 N.W. 159TH DRIVE MIAMI FL 33169	Mailing Address P.O. BOX 69-4211 MIAMI FL 33269-4211 US
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2. Principal Place of Business - No P.O. Box # 2730 S.W. 3RD AVE.	3. Mailing Address
Suite, Apt. #, etc. 303	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State
Zip 33129	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2763916	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 OXENBERG, HARVEY 1111 N.W. 159TH DRIVE MIAMI FL 33169	
7. Name and Address of New Registered Agent	
Name OXENBERG, HARVEY	
Street Address (P.O. Box Number is Not Acceptable) 2730 S.W. 3RD AVE	
Suite, Apt. #, etc. SUITE 303	
City MIAMI	Zip Code FL 33129

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	PD HARVEY OXENBERG 2730 SW 3RD AVE, SUITE 303 MIAMI, FLA. 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY OXENBERG PD 4/11/07 305-854-7104.

Date

Daytime Phone #