


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 015 ***150.00

DOCUMENT # M44749	
1. Entity Name FSF TRADING CORP.	

Principal Place of Business 2730 SW 3RD AVE 303 MIAMI FL 33129	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 #	3. Mailing Address 2730 SW 3RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #303

1st MOORE CR2E034 (10/07)

City & State MIAMI FLA	City & State MIAMI FLA	4. FEI Number 59-2763916	Applied For <input type="checkbox"/> Not Applicable
Zip 33129	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OXENBERG, HARVEY 2730 SW 3RD AVE SUITE 303 MIAMI FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (Required.) (NOTE: Registered Agent signature required when submitting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PD <input type="checkbox"/> Delete	NAME OXENBERG, HARVEY STREET ADDRESS 2730 SW 3RD AVE SUTIE 303 CITY-ST-ZIP MIAMI FL 33129
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

3/14/08