

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90054 047 \*\*\*150.00

**DOCUMENT # P0000018655**  
 1. Entity Name  
**TRADE ZONE GROUP, INC.**



Principal Place of Business  
**2700 GLADES CIRCLE**  
**SUITE 106**  
**WESTON, FL 33327**

Mailing Address  
**2700 GLADES CIRCLE**  
**SUITE 106**  
**WESTON, FL 33327**

2. Principal Place of Business  
**2900 GLADES CIRCLE**  
 Suite, Apt. #, etc.  
**850**

3. Mailing Address  
**2900 GLADES CIRCLE**  
 Suite, Apt. #, etc.  
**850**


City & State  
**WESTON FL**

City & State  
**WESTON FL**

Zip  
**33327** Country

Zip  
**33327** Country

54029204



01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1024159** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRICENO, ELIZABETH**  
**2700 GLADES CIRCLE**  
**SUITE 106**  
**WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2900 GLADES CIRCLE, SUITE 850**

City **WESTON, FL 33327 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	D MARAVAR, JOSE 2700 GLADES CIRCLE, SUITE 106 WESTON, FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRICENO, ELIZABETH 2700 GLADES CIRCLE, SUITE 106 WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAVAR, OLGA 2700 GLADES CIRCLE, SUITE 106 WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICENO, PAUL 2700 GLADES CIRCLE, SUITE 106 WESTON, FL 33327	<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	D MARAVAR, JOSE 2900 GLADES CIRCLE, SUITE 850 WESTON, FL, 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRICENO, ELIZABETH 2900 GLADES CIRCLE, SUITE 850 WESTON, FL, 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARAVAR, OLGA 2900 GLADES CIRCLE, SUITE 850 WESTON, FL, 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRICENO, RAUL 2900 GLADES CIRCLE, SUITE 850 WESTON, FL, 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALDERA, ERNESTO 2900 GLADES CIRCLE, SUITE 850 WESTON, FL, 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: RAUL BRICENO April 7, 2004 954-3490351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #