

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000049431

1. Entity Name
ALGONQUIN TRADING CO., INC.



Principal Place of Business
**PO BOX 332172
MIAMI, FL 33233-2172**

Mailing Address
**PO BOX 332172
MIAMI, FL 33233-2172**



05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012004 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKLAREY, SETH
610 S. DIXIE HWY
HALLANDALE, FL 33009**

**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 _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SKLAREY, SETH
STREET ADDRESS	PO BOX 332172
CITY-ST-ZIP	MIAMI, FL 332332172
TITLE	VD
NAME	FRAZIER, LAWRENCE
STREET ADDRESS	PO BOX 332172
CITY-ST-ZIP	MIAMI, FL 332332172
TITLE	VD
NAME	BUCHANAN, ARELIOUS
STREET ADDRESS	PO BOX 332172
CITY-ST-ZIP	MIAMI, FL 332332172
TITLE	VD
NAME	JACKSON, THOMAS W
STREET ADDRESS	BOX 332172
CITY-ST-ZIP	COCONUT GROVE, FL 332332172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000368053
05/24/05-80001-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Seth Sklarey 4-30-05 305 525-6982