## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
May 03, 2004 08:00 AM
Secretary of State

	<del></del>					ovatavy at Stat	tΔ
1. Entity Nam	DOCUMENT # P0000064183  I. Entity Name CONDOR TRADING CORP.				Sec	cretary of Sta	ıc
Principal Plac		Mailing Address					
2769 SW 22 Miami, FL 3		2769 SW 22 STREET MIAMI, FL 33145 US					
DO NOT WRITE IN THIS SPAC			*****				
			CE	01312004 4. FEI Numb	No Chg-P	CR2E034 (10/03)  Applied For	
				65-102		Not Applical	
_,,				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	1			,	•
LOPEZ, DAVID G 2769 SW 22TH STREET			DO NOT WRITE				
MIAMI, FL 33145				IN -	THIS SF	PACE	
						,	
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, typed or printed name of registered agent and title if applicable. (NOTE Registered J				red when reinstating)	* .	· · · · DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$	5.00 May Be dded to Fees			
10.	OFFICERS AND DI	RECTORS			U0000	30151210 4-80036-023 150.00	 `\
TITLE NAME	PSTD LOPEZ, DAVID G				U\$/U4/U*	<u> 1-88870-859 190.06</u>	,
STREET ADDRESS CITY+ST-ZIP	2769 SW 22TH STREET MIAMI, FL 33145						
TITLE			1				
name Street address							
CHY-ST-ZIP			-				
title Name			1				
STREET ADDRESS CITY-SI-ZIP				DO	NOT W	/RITE	
TITLE				IN '	THIS SE	PACE	
NAME STREET ADDRESS				114		AUL	
CITY-ST-ZIP					_		1
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	İ				
STREET ADDRESS							
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	-[				
NAME							
STREET ADDRESS CITY-ST-ZIP							
ł	certify that the information subdicts with the	is filling does not qualify for the exe	emption stated in the	Section 119.07(3)	(i), Florida Statutes.	I further certify that the information	n or
of the co	certify that the information supplied with the on this report or supplemental tuber, is triporation or the receiver or trusted undown, or on an attachment with an architecture.	ered to execute this report as requ n all other like empowered.	ired by Chapter 6	07, Florida Statut	es; and that my nam	e appears in Block 10 or Block 11	if