


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90050 033 ***150.00

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| DOCUMENT # P00000068536 | | | |  | |
| 1. Entity Name TRADING THE MARKET, INC. | | | | | |
| Principal Place of Business 4100 GALT OCEAN DR APT 1414 FORT LAUDERDALE, FL 33308 | | | Mailing Address 4100 GALT OCEAN DR APT 1414 FORT LAUDERDALE, FL 33308 <i>Change</i> | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02252004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-1070773 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| ZELDMAN, JASON H 4100 GALT OCEAN DR #1414 FORT LAUDERDALE, FL 33308 | | | Name: ZELDMAN, JASON H. Street Address (P.O. Box Number is Not Acceptable): 440 SOUTH FEDERAL # 204 Suite: Suite 204 City: Deerfield Beach FL Zip Code: 33441 | | |
| 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$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 | DP ZELDMAN, JASON H 4100 GALT OCEAN DR #1414 FORT LAUDERDALE, FL 33308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ZELDMAN JASON H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 SOUTH FEDERAL Highway Suite 204 Deerfield Beach, FL 33441 | | |
| 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

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