

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90478 037 ***150.00

DOCUMENT # P00000086763 1. Entity Name CONCEPT OF BRONZE TRADING CORP.					
Principal Place of Business 1337 WEST 49TH PLACE #506 HIALEAH, FL 33012			Mailing Address 1337 WEST 49TH PLACE #506 HIALEAH, FL 33012		
2. Principal Place of Business 13995 SW 159 TERR		3. Mailing Address 13995 SW 159 TERR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State. MIAMI FL		City & State MIAMI FL		4. FEI Number 65-1040215	
Zip 33177		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIJANO, CONSTANZA 1337 WEST 49TH PLACE #506 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name CESAR E. BORRAS Street Address (P.O. Box Number is Not Acceptable) 13995 SW 159 TERR City MIAMI FL Zip Code 33177			
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 5/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <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	PTD QUIJANO, CONSTANZA 1337 WEST 49TH PLACE HIALEAH, FL 33012 <input checked="" 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	SD BORRAS, CESAR 1337 WEST 49TH PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORRAS CESAR 1337 WEST 49TH PLACE HIALEAH FL 33012 <input checked="" 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	
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	
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: 			Date 5/1/04 Daytime Phone #		