

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90007 041 \*\*\*150.00


**24077910**



07072004 Chg-P CR2E034 (10/03)

**DOCUMENT # P0100005529**

1. Entity Name  
**SAUNDERS & SCHAFFER TRADING, INC.**



Principal Place of Business  
**320 S. FLAMINGO ROAD #191  
 PEMBROKE PINES, FL 33027**

Mailing Address  
**320 S. FLAMINGO ROAD #191  
 PEMBROKE PINES, FL 33027**

2. Principal Place of Business <b>309 SW 120th ave</b>		3. Mailing Address <b>309 SW 120th ave</b>	
Suite, Apt. #, etc. <b>Pembroke Pines</b>		Suite, Apt. #, etc. <b>Pembroke Pines</b>	
City & State <b>Pembroke Pines FL</b>		City & State <b>Pembroke Pines FL</b>	
Zip <b>33025</b>	Country <b>USA</b>	Zip <b>33025</b>	Country <b>USA</b>

4. FEI Number  
**94-3384524**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAFFER, VERA LUCIA**  
**320 S. FLAMINGO ROAD #191**  
**PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name  
**Vera Schaffer**

Street Address (P.O. Box Number is Not Acceptable)  
**309 SW 120th ave**

City  
**Pembroke Pines**

FL Zip Code  
**33025**

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: *Vera Schaffer* DATE: **7-30-04**

Signature, typed or printed name of registered agent; and the applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SCHAFFER, VERA LUCIA 320 S. FLAMINGO ROAD #191 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAFFER, VERA LUCIA 320 S. FLAMINGO ROAD #191 PEMBROKE PINES, FL 33027	<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
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	<b>309 SW 120th ave Pembroke Pines FL 33025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>309 SW 120th Ave Pembroke Pines FL 33025</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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)(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: *Vera Schaffer* DATE: **7/30/04** (954) 443-3907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR