

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042680

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: AMERICAN TRADING PARTNERS, INC.

## Current Principal Place of Business:

6187 NW 167 STREET  
UNIT H-15  
MIAMI LAKES, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

6187 NW 167 STREET  
UNIT H-15  
MIAMI LAKES, FL 33015

## New Mailing Address:

FEI Number: 65-1097417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COALLINAR, PEDRO M  
6401 SUNSET DR, 100  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

GALLINAR, PEDRO M  
6401 SUNSET DR, 100  
MIAMI, FL 33143 US

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.

SIGNATURE: PEDRO GALLINAR

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OSSA, MARINO  
Address: 1335 NW 21 TERRACE  
City-St-Zip: MIAMI, FL 33142

Title: TD ( ) Delete  
Name: OSSA, INGRID  
Address: 1335 NW 21 TERRACE  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OSSA, MARINO  
Address: 2000 ISLAND BLVD APT # 501  
City-St-Zip: AVENTURA, FL 33160

Title: TD (X) Change ( ) Addition  
Name: OSSA, INGRID  
Address: 2000 ISLAND BLVD APT # 501  
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNAN MARINO OSSA

PD

02/24/2004

Electronic Signature of Signing Officer or Director

Date