FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91784 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080619

1. Entity Name
CW ALLIED TRADERS, INC.

11041593

Principal Place of Business	Mailing Address
4248 SW 52ND STREET FORT LAUDERDALE, FL 33314	4248 SW 52ND STREET FORT LAUDERDALE, FL 33314

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 290430
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DAVIE, FLORIDA
Zip / Country	Zip: 33016 / Country: USA

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1155311 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEEKS, CHRISTOPHER R
4248 SW 52ND STREET
FORT LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEEKS, CHRISTOPHER R		NAME	
STREET ADDRESS	4248 SW 52ND STREET		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEEKS, WENDY L		NAME	
STREET ADDRESS	4248 SW 52ND STREET		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] WENDY WEEKS 3/1/03 (954) 649-3846
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #