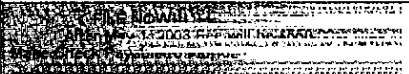
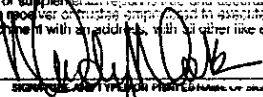


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000080619			
1. Entity Name CW ALLIED TRADERS, INC.			
Principal Place of Business 4248 SW 52ND STREET FORT LAUDERDALE, FL 33314		Mailing Address 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	Country
33010	USA	33010	USA
4. FEI Number 65-1155311		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
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 creating) DATE _____			
			
9. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(a), Florida Statutes. I further certify that the information indicated on this report or supplied in support of this report is true and accurate and that my check for the same legal effect as if made under oath. I am an officer or director of the corporation or the provider of such information and I declare this report as required by Chapter 190, Florida Statutes. And that my name appears in block 10 or block 11 if changed, or on an attachment with an address, title or other like empowered.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEEKS, CHRISTOPHER R 4248 SW 52ND STREET FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEEKS, WENDY L 4248 SW 52ND STREET FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE:  WENDY WEEKS		3/1/03 (95A) 649-3846	

11041593

CR2E034 (12/02)