

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90407 024 ***150.00

DOCUMENT # P02000001146



1. Entity Name
PREMIER TRADING, INC.

Principal Place of Business
448 GOLDEN BEACH DR
GOLDEN BEACH FL 33160

Mailing Address
448 GOLDEN BEACH DR
GOLDEN BEACH FL 33160

55043954



2. Principal Place of Business
448 GOLDEN BEACH DR.
Suite, Apt. #, etc.

3. Mailing Address
448 GOLDEN BEACH DR.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
GOLDEN BEACH, FL
Zip
33160
Country
USA

City & State
GOLDEN BEACH, FL
Zip
33160
Country
USA

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired. \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR FL 33154

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 LAW OFFICES OF SALLY N. SAWH, P.A. DATE 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT GABE DICKSTEIN 448 GOLDEN BEACH DR. GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete
VICE PRESIDENT KEN CKEKALA 1360 UNION HILL RD., #10-F PERDUE ALPHARETTA GA 30004	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PD	<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: SIGNATURE KEN CKEKALA DATE 4/30/03 DAYTIME PHONE # 352-932-6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)