2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P02000019044 1. Entity Name 04-19-2004 90342 049 ***150.00 APOLLO TRADE & TECHNOLOGIES INC. Principal Place of Business Mailing Address 261 NE 1ST ST. 6TH FL # 200 MIAMI FL 33132 261 NE 1ST ST. 6TH FL # 200 MIAMI FL 33132 **24041000** 2. Principal Place of Business 3. Mailing Address 261 N.E IST STREET 261 NE. IST STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 200 200 City & State City & State 4. FEI Number Applied For FL. 42-1529849 Not Applicable Country \$8.75 Additional 33132 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent: ALI, SYED NISHAT 261 N.E. 1ST STREET # 200 Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR* N.E. IST. STREET # 200 **MIAMI FL 33132** 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition NAME JAMAL, ABDUL S NAME 261 N.E, IST. STREET # 200 STREET ADDRESS 261 NE 1ST ST. 6TH FL STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change **Addition** MUHAMMADALI RAHIM N. 261 NE. IST. STREET # 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL .33132 TITLE Delete TITLE Change Addition ALI SYED MISHAT NAME NAME 261 NE . IST STAFFT # 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP H/AM/ FL. 33132 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 1 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 provided the empowered.

ichia A

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED