

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020652

Entity Name: SN TRADERS INC.

FILED  
Feb 19, 2004  
Secretary of State

## Current Principal Place of Business:

7210 PIONEER LAKES CIR  
WEST PALM BEACH, FL ;33413

## New Principal Place of Business:

7210 PIONEER LAKES CIR  
WEST PALM BEACH, FL 33413

## Current Mailing Address:

7210 PIONEER LAKES CIR  
WEST PALM BEACH, FL ;33413

## New Mailing Address:

7210 PIONEER LAKES CIR  
WEST PALM BEACH, FL 33413

FEI Number: 50-0000811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAFQAT, JAMAL  
1344 CAPE MAY LANE  
WEST PALM BEACH, FL 33413

## Name and Address of New Registered Agent:

JAMAL, SHAFQAT  
1344 CAPE MAY LANE  
WEST PALM BEACH, FL 33413

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: SHAFQAT JAMAL

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHAFQAT, JAMAL  
Address: 1344 CAPE MAY LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VD ( ) Delete  
Name: SULTANA, ROKEYA  
Address: 1344 CAPE MAY LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JAMAL, SHAFQAT  
Address: 1344 CAPE MAY LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAFQAT JAMAL

PD

02/19/2004

Electronic Signature of Signing Officer or Director

Date