
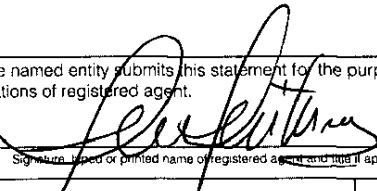
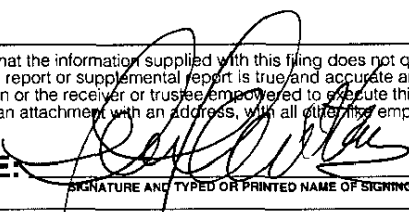


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90038 041 ***150.00

DOCUMENT # P02000028852			
1. Entity Name ELECTROTRADER, INC.			
Principal Place of Business 11103 NW 7TH STREET STE 102 MIAMI, FL 33172		Mailing Address 11103 NW 7TH STREET STE 102 MIAMI, FL 33172	
2. Principal Place of Business 10197 Camelback Lane		3. Mailing Address 10197 Camelback Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton FL	
Zip 33498		Country Palm Beach	
4. FEI Number 03-0413650		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDA, HORTENSIA 11103 NW 7TH STREET STE 102 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Frabel Quintana Street Address (P.O. Box Number is Not Acceptable): 10197 Camelback Lane City: Boca Raton FL Zip Code: 33498	
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:  DATE: 4-12-04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDA, HORTENSIA 11103 NW 7TH STREET STE 102 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Quintana Frabel 10197 camelback lane Boca Raton, FL 33498. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTANA, FRABEL 11103 NW 7TH STREET STE 102 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Landa Hortensia 10197 Camelback Lane Boca Raton, FL 33498 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 officers empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	