

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90071 025 \*\*\*150.00

**DOCUMENT # P02000042582**

1. Entity Name

DCW TRADING CORPORATION



Principal Place of Business

142 S.W. 25TH ROAD  
MIAMI FL 33129

Mailing Address

142 S.W. 25TH ROAD  
MIAMI FL 33129

2. Principal Place of Business

142 SW 25 RD

3. Mailing Address

142 SW 25 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33129

Country

Zip

33129

Country

4. FEI Number

75-3065575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, JAIME  
142 S.W. 25TH ROAD  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

DEBBIE SALTOS

Street Address (P.O. Box Number is Not Acceptable)

142 SW 25 ROAD

City

MIAMI

FL

Zip Code

33129

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**

**After May 1, 2004 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 PD ☐ Delete  
NAME SALTOS, DEBBIE  
STREET ADDRESS 142 S.W. 25TH ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE VD ☒ Delete  
NAME SALTOS, CONNIE  
STREET ADDRESS 142 S.W. 25TH ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE TD ☒ Delete  
NAME SALTOS, WENDY  
STREET ADDRESS 142 S.W. 25TH ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE SD ☒ Delete  
NAME PEREIRA, JAIME  
STREET ADDRESS 142 S.W. 25TH ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Debbie Saltos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/14/04 305-285-4116