

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90065 036 ***158.75

DOCUMENT # P02000053515	
1. Entity Name DEER TRADING CORP	

Principal Place of Business 7372 NW 35 TERRACE MIAMI, FL 33122	Mailing Address 13240 SW 143 TERRACE MIAMI, FL 33186
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2. Principal Place of Business 1680 NW 82 Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
Zip 33126	Country USA



01062004 Chg-P CR2E034 (10/03)

4. FEI Number 71-0885234	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUAREZ-OLASCOAGA, MARIA L 13240 SW 143 TERRACE MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLASCOAGA, RICARDO 13240 SW 143 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLASCOAGA, Richie 13240 SW 143 TERRACE MIAMI, FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUAREZ-OLASCOAGA, MARIA L 13240 SW 143 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Maria L. Suarez-Olascoaga* **1/6/04** **(305) 281-6289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #