

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90418 025 ***158.75

DOCUMENT # P02000058563

1. Entity Name
ACCESS TRADING CORP.



Principal Place of Business
8318 NW 56 STREET
MIAMI, FL 33166

Mailing Address
8318 NW 56 STREET
MIAMI, FL 33166

2. Principal Place of Business
1715 NW 79 AVE.
Suite, Apt. #, etc.

3. Mailing Address
1715 NW 79 AVE.
Suite, Apt. #, etc.



03182004 Chg-P CR2E034 (10/03)

City & State
DORAL, FL
Zip 33126 Country

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DORAL, FL
Zip 33126 Country

4. FEI Number
04-3673723
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEMING, MARIA M
15819 NW 4 STREET
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstalling)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, MARIA M	
STREET ADDRESS	15819 NW 4 STREET	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOBLICCI, MARIA D	
STREET ADDRESS	1436 NW 154 LANE	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, MARIA M.	
STREET ADDRESS	15819 NW 4 ST	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLICCI, MARIA D	
STREET ADDRESS	1436 NW 154 LN	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

2. 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 M. Fleming*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13/12/04 726-503-3734