

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2004 8:00 am
Secretary of State

04-12-2004 90280 029 ***158.75

DOCUMENT # PC2 000065888

1. Entity Name FIRST FINANCIAL TRADING SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

66421431

2. Principal Place of Business
1975 E. Sunrise Blvd
Suite, Apt. #, etc.
425

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Ft Lauderdale FL

City & State
FL

Zip
33304

Country
USA

Zip
33304

Country

4. FEI Number
14-1847816

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Cosme ARREAZA

Street Address (P.O. Box Number is Not Acceptable)
1975 E. Sunrise Blvd Suite 425

City
FT. LAUDERDALE FL

FL

Zip Code
33304

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 Cosme ARREAZA (President) 5/10/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Cosme ARREAZA</u> <u>1975 E. Sunrise Suite 425</u> <u>FT. LAUDERDALE FL 33304</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cosme ARREAZA 5/10/04 954 522-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)