

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 019 ***150.00

DOCUMENT # P02000074094

1. Entity Name
ACCUTRADE GROUP, INC.



Principal Place of Business Mailing Address
~~% ROTH, ROUSSO & DARRCH, P.A.~~
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~
~~% ROTH, ROUSSO & DARRCH, P.A.~~
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

44043932



2. Principal Place of Business 3. Mailing Address
18851 NE 29th AV 18851 NE 29th AV
Suite, Apt. #, etc. 900 Suite, Apt. #, etc. 900

01262004 Chg-P CR2E034 (10/03)

City & State City & State
Aventura, FL Aventura, FL
Zip 33180 Country USA Zip 33180 Country USA

4. FEI Number 41-2055121 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ.
~~% ROTH, ROUSSO & DARRCH, P.A.~~
~~3440 HOLLYWOOD BLVD., STE 360~~
~~HOLLYWOOD, FL 33021~~

Name LEONARDO A. ROTH
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AV, STE 900
City Aventura FL Zip Code 33180

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

[Signature] LEONARDO A. ROTH, ESQ 4-27-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COX, ROBERTO C	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANNE, CARLOS E	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHANNELL, CRAIG R	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHANNELL, ANA B	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANNE, JAVIER E	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANNE, AGUSTIN E	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROBERTO C	
STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNE, CARLOS E	
STREET ADDRESS	18851 NE 29th AV	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	S.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANNELL, CRAIG R	
STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANNELL, ANA B	
STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNE, JAVIER E	
STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNE, AGUSTIN E	
STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	Aventura, FL 33180	

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: *[Signature]* CARLOS E. LANNE V. 4-27-04 786-279-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #