2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2004 8:00 am Secretary of State **DOCUMENT # P02000111427** 05-04-2004 90141 012 ***150 00 T.H.B.B. TRADING INC. Principal Place of Business Mailing Address 6412 QUEENS BOROUGH AVENUE 6412 QUEENS BOROUGH AVENUE #210 #210 ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business 3. Mailing Address 2801 Ripton Court 2801 Ripton Court Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Orlando. Orlando, FL 14-1852295 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Hanit Benbassat. BENBASSAT, HANIT Street Address (P.O. Box Number is Not Acceptable) 6412 QUEENS BOROUGH AVENUE 2801 Ripton Ct. #210 ORLANDO, FL 32786 Zip Code 32835 Orlando 8. The above named entity substitis 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, typed of printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE Change ☐ Addition Ben bassat, Hanit NAME BENBASSAT, HANIT NAME 6412 QUEENS BOROUGH AVE. #210 2801 Ripton court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32786 CITY-ST-ZIP Orlando, FL 32835 ☐ Addition TITLE ☐ Delete TITLE Benbassat, Titzhak BENBASSAT, TITZHAK NAME NAME 2801 Ripton Court 6412 QUEENS BOROUGH AVENUE # 210 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32786 CITY-ST-ZIP CITY-ST-ZIP orlando, FL 32835 ☐ Change ☐ Addition TITLE ☐ Delete TITL F NAME . NAME STREET ADORESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

4-22-04

Daytime Phone #