

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90135 031 \*\*\*150.00

14021070

**DOCUMENT # P03000044728**

1. Entity Name  
**GUARDIAN TRADING GROUP, INC.**



Principal Place of Business  
**11765 ST ANDREWS PL #102  
 WELLINGTON, FL 33414**

Mailing Address  
**11765 ST ANDREWS PL #102  
 WELLINGTON, FL 33414**

2. Principal Place of Business  
**11765 St. Andrews Pl.**

3. Mailing Address  
**Sqm e**

Suite, Apt. #, etc.  
**102**


Suite, Apt. #, etc.

City & State  
**Wellington**

City & State

Zip  
**33414** Country  
**USA**

Zip Country



03162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**14-1887296**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNETZ, JEFFREY  
 11765 ST ANDREWS PL #102  
 WELLINGTON, FL 33414**

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: *Jeffrey Dunetz* DATE: **4-20-04**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DUNETZ, JEFFREY 11765 ST ANDREWS PL #102 WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey Dunetz* DATE: **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #