


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

J4UJ4U4D

DOCUMENT # P03000061741 1. Entity Name LIQUID FUTURES TRADING INC.		 05-13-2004 90009 005 ***150.00	
Principal Place of Business 8220 LAKE CROWELL CIR ORLANDO, FL 32836		Mailing Address 8220 LAKE CROWELL CIR ORLANDO, FL 32836	
2. Principal Place of Business 1644 LADY SLIPPER CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1644 LADY SLIPPER CIRCLE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32825		Country USA	
6. Name and Address of Current Registered Agent XIE, JACK 8220 LAKE CROWELL CIR ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name TINA CORNELL Street Address (P.O. Box Number is Not Acceptable) 1644 LADY SLIPPER CIRCLE City ORLANDO FL 32825	
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: Tina M. Cornell TINA M. CORNELL, TREASURER 5/10/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PD JAMES E. CORNELL STREET ADDRESS 1644 LADY SLIPPER CIRCLE CITY-ST-ZIP ORLANDO FL 32825	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TSD TINA M. CORNELL STREET ADDRESS 1644 LADY SLIPPER CIRCLE CITY-ST-ZIP ORLANDO FL 32825	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.			
SIGNATURE: Tina M. Cornell TINA M. CORNELL 5/10/2004 321-297-5864 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #</small>			