## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000062502

Entity Name: TRADING STUDIO, CORP.

**FILED** Apr 29, 2004 Secretary of State

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place	of Business:	New Principal Place of	New Principal Place of Business:	
780 NW 42 AVE STE 420 MIAMI, FL 33126		4987 N. UNIVERSITY DR. , LOS MADEROS PLAZA SUITE 2402 LAUDERHILL, FL 331351		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
780 NW 42 AVE STE 420 MIAMI, FL 33126		SUITE 2402	4987 N. UNIVERSITY DR. , LOS MADEROS PLAZA SUITE 2402 LAUDERHILL, FL 33351	
FEI Number: 57-1173685	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
MAZZA-MARTINEZ, TANI 780 NW 42 AVE STE 420 MIAMI, FL 33126	A A			
The above named entity so in the State of Florida.	ubmits this statement for the p	urpose of changing its registered c	office or registered agent, or both,	
SIGNATURE:				

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

CHACON, SAUL M CHACON, SAUL M Name: Name: 780 NW 42 AVE STE 420

Address: 4987 N. UNIVERSITY DR., SUITE 2402 Address:

City-St-Zip: MIAMI, FL 33126 City-St-Zip: LAUDERHILL, FL 33351

Title: () Delete Title: (X) Change ( ) Addition

CHACON, DORIS E CHACON, DORIS E Name: Name:

Electronic Signature of Registered Agent

Address: 780 NW 42 AVE STE 420 Address: 4987 N. UNIVERSITY DR., SUITE 2402

MIAMI, FL 33126 LAUDERHILL, FL 33351 City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition

Name: Name: DIETZ, CHRISTIAN

Address: Address: 4987 N. UNIVERSITY DR., SUITE 2402

City-St-Zip: City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS CHACON 04/29/2004 D