

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90213 018 ***150.00

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04142004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0077664** Applied For
Not Applicable

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

DOCUMENT # P03000073365

1. Entity Name
TERRANOVA FINANCIAL TRADING CORP.



Principal Place of Business
8578 LOGIA CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
8578 LOGIA CIRCLE
BOYNTON BEACH, FL 33437

2. Principal Place of Business
1700 NW 64th St.
Suite, Apt. #, etc. 100

3. Mailing Address
1700 NW 64th St.
Suite, Apt. #, etc. 100

City & State
Ft. Lauderdale FL
Zip 33309 Country USA

City & State
Ft. Lauderdale
Zip 33309 Country

6. Name and Address of Current Registered Agent

BONNER, LARRY
100 SE 2ND STREET
MIAMI, FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE D
NAME TANNER, HARRY R
STREET ADDRESS 8578 LOGIA CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41404 954-777-3101
Date Daytime Phone #