

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

1000001000

**FILED**

05 JUN -2 PM 2:53


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66016490



**DOCUMENT # P03000134836**

1. Entity Name  
**AMERICAN TRADE GROUP, INC.**



Principal Place of Business  
**3825 HENDERSON BOULEVARD  
SUITE 100  
TAMPA, FL 33629 US**

Mailing Address  
**3825 HENDERSON BOULEVARD  
SUITE 100  
TAMPA, FL 33629 US**

2. Principal Place of Business  
State, Apt. #, etc.

3. Mailing Address  
**PO BOX 18404**  
State, Apt. #, etc.

City & State  
**TAMPA FL**

Zip Country  
**33679 USA**

04122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2420322** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**REIBER, SAM I  
3821 HENDERSON BOULEVARD  
TAMPA, FL 33629**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>IDRISSI, SAMIR</b>
STREET ADDRESS	<b>3825 HENDERSON BOULEVARD, SUITE 100</b>
CITY-STATE-ZIP	<b>TAMPA, FL 33629</b>
TITLE	<b>SEC</b> <input type="checkbox"/> Delete
NAME	<b>JACOBSON, MELVIN S</b>
STREET ADDRESS	<b>3825 HENDERSON BOULEVARD, SUITE 100</b>
CITY-STATE-ZIP	<b>TAMPA, FL 33629</b>
TITLE	<b>TREA</b> <input type="checkbox"/> Delete
NAME	<b>JACOBSON, MELVIN S</b>
STREET ADDRESS	<b>3825 HENDERSON BOULEVARD, SUITE 100</b>
CITY-STATE-ZIP	<b>TAMPA, FL 33629</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4/18/05 90079 035</b>
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employees.

SIGNATURE: Mel A. Jacobson VP **5-12-05 813-826-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR