2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

4/20/2005-90341-036-$150.00-$150.00

05 AUG -2 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 08 2005

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000031946

1. Entity Name

F & D TRADING GROUP, INC.

Principal Place of Business	Mailing Address
170 BONAVENTURE BLVD., #212 WESTON FL 33326	170 BONAVENTURE BLVD., #212 WESTON FL 33326

2. Principal Place of Business	3. Mailing Address
140 BONAVENTURE BLVD	
Suite, Apt. #, etc. #206	Suite, Apt. #, etc.
City & State WESTON, FLORIDA	City & State
Zip 33326 Country USA	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO J
10200 NW 25TH ST., 207
MIAMI FL 33172

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ROBERTO		NAME	
STREET ADDRESS	170 BONAVENTURE BLVD., #212		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, LAURA		NAME	
STREET ADDRESS	170 BONAVENTURE BLVD., #212		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ROBERTO FERNANDEZ 3/19/05 786-200-0385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #