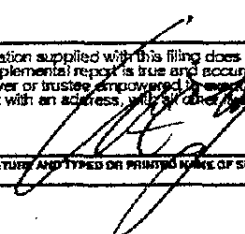


Apr. 1. 2004 4:54PM

No.3565 P. 2/3

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000013097			
1. Entity Name R.S. TRADING COMPANY			
Principal Place of Business 2673 SO. PARK LANE PEMBROKE PARK, FL 33009 US		Mailing Address 2673 SO. PARK LANE PEMBROKE PARK, FL 33009 US	
DO NOT WRITE IN THIS SPACE			
		04012004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0380231	Applied For ☐ (Not Applicable)
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAZ, ETAN 2673 SO. PARK LANE PEMBROKE PARK, FL 33009		DO NOT WRITE IN THIS SPACE	
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. (NO SE. Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		000000122183 04/21/04-80013-004 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PVP		
NAME	RAZ, ETAN		
STREET ADDRESS	2673 SO. PARK LANE		
CITY-ST-ZIP	PEMBROKE PARK, FL 33009		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(f), 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 or without being empowered.			
SIGNATURE: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Day/State/Year-4	