

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90018 004 ***150.00

DOCUMENT # P94000006104	
1. Entity Name ITB INTERNATIONAL TRADE BROKERS, INC.	

Principal Place of Business 5660 COLLINS AVE SUITE 6D MIAMI BEACH, FL 33140	Mailing Address 5660 COLLINS AVE SUITE 6D MIAMI BEACH, FL 33140
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01072004 Chg-P CR2E034 (10/03)

4. FFI Number 65-0465245	Fee Applied ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDOFF, ELLIOT B., CPA 1350 S POWERLINE ROAD SUITE 106 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 of applicant

Signature, typed or printed name of registered agent and title of applicant

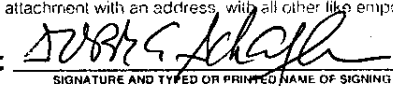
Signature

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHAFLER, DORI 5660 COLLINS AVE SUITE 6D MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHAFLER, ELFRIEDE 5660 COLLINS AVE SUITE 6D MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add New

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 130.07(2)(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 11. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DORE A. SCHAFLER** 01/08/04 (305) 866-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR