
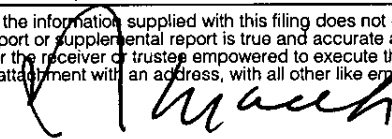


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90284 027 \*\*\*150.00

<b>DOCUMENT # P94000015002</b> 1. Entity Name <b>F.I.C. TRADING CORP.</b>					
Principal Place of Business <b>10975 N.W. 29 STREET</b> <b>MIAMI, FL 33172 US</b>			Mailing Address <b>10975 N.W. 29 STREET</b> <b>MIAMI, FL 33172 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KLEIN, THEODORE S</b> <b>88 NE 168 STREET</b> <b>NO MIAMI BCH, FL 33162</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ISAAC, JORGE <input checked="" type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	10975 N.W. 29 STREET		NAME	samuel Azout	
STREET ADDRESS	MIAMI, FL 33172		STREET ADDRESS	10975 NW 29 street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33172	
TITLE	<input type="checkbox"/> Delete		TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	samuel Azout	
STREET ADDRESS			STREET ADDRESS	10975 NW 29 street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33172	
TITLE	<input type="checkbox"/> Delete		TITLE	vice-president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Jack Azout	
STREET ADDRESS			STREET ADDRESS	2875 NE 191 street PH-1	
CITY-ST-ZIP			CITY-ST-ZIP	Aventura, Florida 33180	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			SIGNATURE: Jack Azout		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/23/04 Daytime Phone #: 305-935-5175		