


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000044137**

1. Entity Name  
**RDB TRADING CORPORATION**



Principal Place of Business      Mailing Address

**12161 SW 132ND CT**      **12161 SW 132ND CT**  
**MIAMI, FL 33186-6410 US**      **MIAMI, FL 33186-6410 US**

**DO NOT WRITE IN THIS SPACE**



04202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0499388**       Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRABEITG, ROSA**  
**8500 SW 116TH STREET**  
**MIAMI, FL 33156**

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

**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

TITLE	PSD
NAME	BARRABEITG, ROSA
STREET ADDRESS	8500 SW 116TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	ROLFE, LISA
STREET ADDRESS	203 SW 179TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ROSA BARRABEITG      *Rosa Barrabeitg*      4/21/04      439-04

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