

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT# P94000064275	
1. Entity Name C R TRADING, INC.	

Principal Place of Business 2750 NW 3RD AVENUE #22 MIAMI, FL 33127	Mailing Address 2750 NW 3RD AVENUE #22 MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



03272003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0516305	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P READON, CARL 2750 NORTHWEST 3RD AVENUE MIAMI, FL 33127
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U00000162160
06/07/04-80001-011 150.00

U00000162160
06/07/04-80001-012 8.75

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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: *Carroll Readon* **6/12/04 305-576-9907**

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