


2004 FOR PROFIT CORPORATION ANNUAL-REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043863 1. Entity Name ALTO TRADING CORP.	
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Principal Place of Business 782 LAKE BLVD WESTON, FL 33326	Mailing Address 782 LAKE BLVD WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0580255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE LA PAZ, PATRICIA
16046 NW 81 CT
MIAMI LAKES, FL 33016

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SAPIR, SAMUEL J 782 LAKE BLVD. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DE LA PAZ, PATRICIA 16046 NW 81 CT MIAMI, FL 33326
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04/05/04-80035-001 150.00

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: Samuel J. SAPIR 04-01-2004 305-231-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #