2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P95000071806 FREE TRADING & ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address 3109 SPANISH TRAIL 3109 SPANISH TRAIL DELRAY BEACH, FL 33483-4710 US DELRAY BEACH, FL 33483-4710 US CR2E034 (10/03) 01192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0622184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDMAN, STEVEN D DO NOT WRITE 3109 SPANISH TRAIL **DELRAY BEACH, FL 33483-4710** IN THIS SPACE 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 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS

TITLE FRIEDMAN, STEVEN D NAME STREET ADDRESS 3109 SPANISH TRAIL

DELRAY BEACH, FL 334834710

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FILED

DO NOT WRITE 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 tube 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 employed and 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 attactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME. STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR SHECTOR