## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

FECIPE Li

SIGNATURE:

## Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P95000088530 1. Entity Name F.E.L. TRADING, INC. Principal Place of Business Mailing Address 13930 LAKE SUCCESS PLACE 13930 LAKE SUCCESS PLACE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0625799 Not Applicable Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame LI, FELIPE Street Address (P.O. Box Number is Not Acceptable) 13930 LAKE SUCCESS PLACE MIAMI LAKES FL 33014 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition Delete TITLE U00000034047 LI, FELIPE NAME MAME 02/05/04-80068-006 150.00 13930 LAKE SUCCESS PLACE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LOUK, EDWARD NAME NAME STREET ADDRESS 10090 NW 129 TERR. STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP 3135 F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete STIF ☐ Change ☐ Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ■ Addition MAARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUE MLE Delete Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-71P CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling 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 eath, 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

FILED

2/2/04