2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P95000090096 1. Entity Name ROYAL COMMODITIES TRADING, INC. Principal Place of Business Mailing Address 11930 N.W. 30TH PLACE SUNRISE FL 33323 11930 N.W. 30TH PLACE SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0626672 Not Applicable Ziρ Country Z⊮p 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 Name KOCHLANY, MICHAEL 11930 N.W. 30TH PLACE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33323 City Zio 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. ☐ Addition TITLE ☐ Defete रहा ह Channe KOCHLANY, MICHAEL NAME NAME STREET ADDRESS 11930 N.W. 30TH PLACE STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-SI-ZIP U00000052267 U2/16/04-80085-014_16-64-200 __ Addition me ☐ Delete HILE MARK MAARE STREET ACCINESS STREET ACCURESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete HILE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TETLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-78P CITY-ST-ZIP ☐ Delete 1131 F TELL Change Addition NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE Detete TITLE ☐ Change Addition 15516 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11.1

PRESIDENT

FILED

2-10-04 954-741-4042