2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015144

1. Entity Name
TRACE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1175 NE 125TH STREET SUITE 102 NORTH MIAMI, FL 33161	1175 NE 125TH STREET SUITE 102 NORTH MIAMI, FL 33161

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0772373
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, J. KENNETH
1175 NE 125TH STREET
SUITE 102
NORTH MIAMI, FL 33161

DO NOT WRITE 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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000056923
02/19/04-80041-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TATE, J. KENNETH
STREET ADDRESS	1175 NE 125TH STREET, SUITE 102
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	DVST
NAME	TATE, JAMES D
STREET ADDRESS	1175 NE 125TH STREET, SUITE 102
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	DAT
NAME	SOMERSTEIN, BARRY E
STREET ADDRESS	200 E. BROWARD BLVD., 15TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____ 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #