

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P96000073532</b> 1. Entity Name <b>PALM PLAZA TRADING CORP.</b>		
Principal Place of Business PO BOX 226 BOCA RATON, FL 33429		Mailing Address PO BOX 226 BOCA RATON, FL 33429
3. Principal Place of Business Suite, Apt. 4, etc.	4. Mailing Address Suite, Apt. 4, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent <b>IZHAKOFF, BONNIE</b> <b>3730 INVERBARY DRIVE</b> <b>LAUDERHILL, FL 33318</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) City
8. The undersigned hereby certifies the information for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and accepts the resignation of the Registered Agent. SIGNATURE: <i>Bonnie Izhakoff</i>		
9. Section Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 Additional Fee Required <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 included on this report or supplement(s) report is true and accurate and that my signature on it has the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee responsible to execute the report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like information.		
SIGNATURE: <i>Bonnie Izhakoff</i>		Date: <i>4/15/03</i>

90105960



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0704397** Applied For  Not Applicable

8. Certificate of Status Desired  \$5.00 Additional Fee Required

4/15/03

CS/BS/DA (1/01/02)