2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000010253 1. Entity Name ASTOR TRADING GROUP, INC. Mailing Address 1602 ALTON ROAD. PMB #383 1602 ALTON ROAD. PMB #383 FILED May 28, 2002 8:00 am Secretary of State 05-28-2002 91634 039 ***150.00

ASTOR TRADING GROUP, INC.						05-28-2002 91634 039 ***150.00			
Principal Place of Business 1602 ALTON ROAD. PMB #383 MIAMI BCH FL 33139 US			Mailing Address 1602 ALTON ROAD. PMB #383				Mark (Mark) Semi	Territoria Territoria Nasi siladi un lazi	
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2. Principal	Place of Busi	ness , 🗥	3. Mailing Address			ı imaliadı ile ləhil ləbil əbili balıl dı	(11001 BILDO 1111 1001 '	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4 . F	4. FEI Number 65-0722192		Applied For Not Applicable	
Zip		Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Fee Req	Additional	
	6. Name	and Address of Current R	egistered Agent	N	7. N	ame and Address of New Regis	stered Agent	··	
AMERII A	AWYER CHA	RTERED		Name					
	IERIA AVEN			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	gables fl					· · · · · · · · · · · · · · · · · · ·	1 50 Tap - F - F -		
				City	City FL Zip Code				
A The above	e named entit	v submits this statement for t	he purpose of changing its	raciatored office as see	internal con-	ent, or both, in the State of Florida	—]		
	- man	y cooming and diagonomy for t	no parpooe or changing its	registered office of reg	istered age	ant, or both, in the state of Florida	1		
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature re	quired when rein	nstating)	DATE	<u>_</u> _	
9. This corp	oration is elig	ible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00		10 Floation Compaign Financia		- 00	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 200	2 Fee will be \$550.0		Election Campaign Financi Trust Fund Contribution.	· _ •	5.00 May Be ded to Fees	
11.		OFFICERS AND DI	Make Check Payabl	12.		DITIONS/CHANGES TO OFFICER	O AND DIDECT	ODC IN 11	
TITLE	PSTD	OFFICE ROAD		·	ADL	THOMS/CHANGES TO OFFICER			
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	MIAMI BO	ON ROAD PMP # 383	□ Delete □ Delete	NAME STREET ADDRESS			☐ Chang		
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13. 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 the 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addissipation of the receiver of the corporation of the receiver of trusted empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNIFICE OF DIRECTOR Date Daytime Phone #