

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90089 022 ***150.00

DOCUMENT # P97000058168

1. Entity Name

ALL BUSINESS TRADING CORP.



Principal Place of Business

6606 KINGSPONTE PKWY
ORLANDO FL 32819
US

Mailing Address

6606 KINGSPONTE PKWY
ORLANDO FL 32819
US

2. Principal Place of Business

7751 KINGSPONTE PKWY

3. Mailing Address

7751 KINGSPONTE PKWY

Suite, Apt. #, etc.

SUITE # 127

Suite, Apt. #, etc.

SUITE # 127

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0764790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAGA, MARIO CETAIZ
6606 KINGSPONTE PKWY
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name: MARIO BRAGA

Street Address (P.O. Box Number is Not Acceptable)

7751 KINGSPONTE PKWY #127

City ORLANDO

FL

Zip Code 32819

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAGA, MARIO	
STREET ADDRESS	6606 KINGSPONTE PKWY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DUARTE, NORBERTO R	
STREET ADDRESS	6606 KINGSPONTE PKWY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7751 KINGSPONTE PKWY #127	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7751 KINGSPONTE PKWY #127	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

MARIO BRAGA - MARIO BRAGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/04
Date

(407) 3708930
Daytime Phone #