2004 FOR PROFITCE ANNUAL RETURN PRATION

F11_E.D 04 HAR 23 PH 2:03 DOCUMENT # P98000070618/ LRT TRADING CORP Principal Place of Business Mailing Address 3860 QUEENS WAY 3860 QUEENS WAY BOCA RATON, FL 33434 BOCA RATON, FL 33434 US 03182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856502 Not App 1 at \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUREL, LORI DO NOT WRITE 3860 QUEENS WAY BOCA RATON, FL 33434 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, typed or printed name of registered agent and title if applicable JA FL (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME TUREL, LORI STREET ADDRESS 3860 QUEEN WAY CITY-ST-ZIP BOCA RATON, FL 33434 TITLE TUREL, ANTHONY P NAME 300030934963 03/23/04--01068--027 **150.00 1415 RED LANE RD STREET ADDRESS CITY-ST-ZIP DANVILLE, PA 17821 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE . IN THIS SPACE NAME " STREET ADDRESS 300030934963 03/23/04--01068--028 **150.00 CITY- #1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

NTED NAME OF SIGNING OFFICER OF DIRECTOR