

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000000568
1. Entity Name
RECTOR MINERAL TRADING CORP.



Principal Place of Business
**9030 LAKES BLVD
WEST PALM BEACH FL 33412**

Mailing Address
**9030 LAKES BLVD
WEST PALM BEACH FL 33412**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

Country

Country

1st MOORE CR2E034 (10/05)

4. FCI Number **65-0926509** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MATHISON, STEPHEN S ESQ
5606 PGA BLVD STE 211
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
(NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P STERN, HAROLD P 5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS STERN, ANNETTE 5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STERN, HAROLD P 5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000430389 02/22/06-80047-002 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Harold P. Stern **HAROLD P. STERN** 2/10/06 561-776 6336