2004 FOR PROFIT CORPORATION

Feb 16, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000041942 SGD INTERNATIONAL TRADING CO., INC. Principal Place of Business Mailing Address 6940 N.W. 43RD STREET 6940 N.W. 43RD STREET MIAMI, FL 33166 MIAMI, FL 33166 02102004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3657785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KREMAN, BERNARD DO NOT WRITE 6940 N.W. 43RD STREET MIAMI, FL 33166 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 (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KREMEN, BERNARD 6940 NW 43RD STREET STREET ADDRESS U00000054110 02/16/04-80160-002 150.00 CITY-ST-ZIP MIAMI, FL 33166 DILE NAME RAAD, MICHEL STREET ADDRESS 6940 NW 43RD STREET CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

FILED