## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

ent with an address, with all other like empowered.

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P99000049022 1. Entity Name 04-21-2004 90078 014 \*\*\*158.75 TEKTRADE, INC. Principal Place of Business Mailing Address 8180 GENEVA CT 8180 GENEVA CT **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 9631 Fontainebleau Blvd. 3631 FONTAINEBLEAU Suite, Apt. #, etc MOORE CR2E034 (11/03) #415 City & State City & State 4. FEI Number Applied For 65-0967820 MIAMI -Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESSUCY, ESTHER VANIA Street Address (P.O. Box Number is Not Acceptable) 750 N.E. 64TH ST., STE. B-501 **MIAMI FL 33138** City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ESSUCY, ESTHER VANIA ESSUCY, ESTHER VANIA 9631 FONTAINEBLEAU BLVD NAME NAME # 415 8180 GENEVA CT., #B-526 STREET ADDRESS STREET ADDRESS MIDMI - FL CITY-ST-ZIP MIAMI FL33138 CITY-ST-ZIP USA. TITLE ☐ Change ☐ Delete TITLE ☐ Addition ESSUCY, JOSE JACOB NAME NAME BLVD # 415 STREET ADDRESS 8180 GENEVA CT., #B-526 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP () < A · . Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED**