

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 041 ***150.00

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1. Entity Name

U.S. COMMODITIES GROUP, INC.



Principal Place of Business

800 VILLAGE SQUARE CROSSING STE 206
PALM BEACH GARDENS FL 33410

Mailing Address

800 VILLAGE SQUARE CROSSING STE 206
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

113 Barcelona Dr
Suite, Apt #, etc.
Jupiter, Fla
City & State

3. Mailing Address

113 Barcelona Dr
Suite, Apt #, etc.
Jupiter, Fla
City & State



MOORE

CR2E034 (11/03)

4. FEI Number

65-0926486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAWHORR, JEFFREY D
11300 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name MAWHORR, JEFFREY D
Street Address (P.O. Box Number is Not Acceptable)
113 Barcelona Dr.
City Jupiter FL Zip Code 33458

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 D ☐ Delete
NAME MAWHORR, JEFFREY
STREET ADDRESS 800 VILLAGE SQUARE CROSSING STE 206
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Owner ☒ Change ☐ Addition
NAME MAWHORR, JEFFREY D.
STREET ADDRESS 113 BARCELONA DR
CITY-ST-ZIP Jupiter, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #