FILED 2004 FOR PROFIT CORPORATION Jan 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000078070 1. Entity Name SOUTHERN FLORIDA TRADING, INC. Mailing Address Principal Place of Business 6560 WEST ROGERS CIR 6560 WEST ROGERS CIR BOCA RATON, FL 33487 BOCA RATON, FL 33487 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0209732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION DO NOT WRITE % SPENCER FOX, ESQUIRE 201 S BISCAYNE BLVD #850 IN THIS SPACE MIAMI, FL 33131-4326 \$. 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. (HOTE Registered Agent signature required when reinstating) 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. THE REIFF, RICK NAME 6560 WEST ROGERS CIRCLE STREET ADDRESS U000000010052 BOCA RATON, FL CHY-ST-78 01/22/04-80016-010 150.00 IIILE NAME SIREFT ADDRESS CHTY-ST-JUP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIFLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZSP TITLE

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 oalls; that I am an officer or director of the corporation or the receiver or trastee empowered to execute this report as required by Chapter 807, 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 approvered.

SIGNATURE:

NAME STREET ADORESS

SIGNATURE AND TYPES OR PERTED NAME OF SIGNENG OFFICER OR DIRECTOR

1/19/204

(50) 995-6990