

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079022

FILED  
Mar 05, 2004  
Secretary of State

Entity Name: MAX TRADING CORPORATION

## Current Principal Place of Business:

10540 NW 26TH STREET  
SUITE 103  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

10540 NW 26TH STREET  
SUITE 103  
MIAMI, FL 33172

## New Mailing Address:

FEI Number: 65-0947679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEFT, GISELLE  
10540 NW 26TH STREET  
SUITE 103  
MIAMI, FL 33172

## Name and Address of New Registered Agent:

ZORRILLA, GISELLE  
10540 NW 26TH STREET  
SUITE 103  
MIAMI, FL 33172

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.

SIGNATURE: GISELLE ZORRILLA

03/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TEFT, GISELLE  
Address: 2655 S. BAYSHORE DR. #102  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TSD ( ) Delete  
Name: RANGEL, DAVID B  
Address: 2655 S. BAYSHORE DR. #102  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ZORRILLA, GISELLE  
Address: 2655 S. BAYSHORE DR. #102  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TSD (X) Change ( ) Addition  
Name: ZORRILLA, GISELLE  
Address: 2655 S. BAYSHORE DR. #102  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELLE ZORRILLA

PD

03/05/2004

Electronic Signature of Signing Officer or Director

Date