


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000098630 1. Entity Name ORLANDO TRADING, INC.					
Principal Place of Business 3501 WEST VINE STREET 388 KISSIMMEE, FL 34741			Mailing Address PO BOX 692704 ORLANDO, FL 32869		
2. Principal Place of Business 1462 SEMORAN BLVD		3. Mailing Address Suite, Apt. #, etc. City & State CASSELBERRY, FL Zip 32723 Country SEMINOLE			
Suite, Apt. #, etc. City & State CASSELBERRY, FL Zip 32723 Country SEMINOLE		Suite, Apt. #, etc. City & State Zip Country		10272004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3622255			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent ANSARI, FAREED 423 W. VINE STREET KISSIMMEE, FL 34741		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSARI, FAREED 423 W. VINE STREET KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AZHAR, MOHAMMAD 5329 FLYING EAGLE LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MIR, NADEEM 1745 CHATEM CIRCLE APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FAREED-A. ANSARI 2623- HERON LANDING CT ORLANDO- FL- 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P ASIF. HUDA KHAN 13378 GLACIER NATIONAL DR, APT #1505, ORLANDO, FL, 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043219454 12/06/04--01066--007 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____ Date 10/28/04 Daytime Phone # 407-93-6960					

FILED

04 DEC -6 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

