


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90212 025 \*\*\*150.00

<b>DOCUMENT # S77016</b> 1. Entity Name THE FOREIGN TRADE ZONE GROUP, INC.	
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Principal Place of Business 405 ATLANTIS RD SUITE B CAPE CANAVERAL, FL 32920 US	Mailing Address 405 ATLANTIS RD SUITE B CAPE CANAVERAL, FL 32920 US
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44044276



03102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3079579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
O'BRIEN, JAMES M  
516 NORTH HARBOR CITY BLVD.  
MELBOURNE, FL 32935

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GALLUZZI, JAMES R. 405 ATLANTIS RD SB CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>STABLER, JERALD E</del> <del>405-B ATLANTIS ROAD</del> <del>CAPE CANAVERAL, FL 32920</del> <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC EDGECOMBE, FLORRIE L 405-B ATLANTIS ROAD CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/29/04** **(321) 784-4050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #