2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X Jacqueline Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2004 8:00 am **Secretary of State DOCUMENT # S82893** 02-27-2004 90031 009 ***150.00 1. Entity Name ALL J TRADERS, INC. Principal Place of Business Mailing Address 4001 N.W. 31 AVENUE 4001 N.W. 31 AVENUE MIAMI, FL 33142-5103 MIAMI, FL 33142-5103 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 65-0288372 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent ---Name WEINTRAUB, PETER B. Street Address (P.O. Box Number is Not Acceptable) 160 S.W. 12TH AVE. **SUITE 109** DEERFIELD BEACH, FL 33442 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **PST** Delete TITLE ☐ Change ■ Addition TITLE NAME. **BUTLER, JACQUELINE** NAME 4001 N.W. 31 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ٧P ☐ Delete TITLE ☐ Change ☐ Addition OLMO, JOHN NAME NAME 4001 N.W. 31 AVE. STREET ADDRESS STREET ADDRESS MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacquelie Butler ☐ Change ☐ Delete TITLE □ Addition TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED