FILED
Mar 22, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S84227

1. Entity Name
SABLE TRADING, INC.

Principal Place of Business	Mailing Address
2 HARBORAGE ISLE FORT LAUDERDALE, FL 33316 US	2 HARBORAGE ISLE FORT LAUDERDALE, FL 33316 US

DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0303719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDINI, SYLVIA
2 HARBORAGE ISLE
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000093803
03/22/04-80033-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUPREY, LAWRENCE ANDRE
STREET ADDRESS	29 ST. VINCENT STREET
CITY-ST-ZIP	PRT SPAIN, TRINIDAD,
TITLE	D
NAME	BALDINI, ELIO
STREET ADDRESS	4041 GULFSHORE BLVD N.
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	BALDINI, SYLVIA
STREET ADDRESS	2 HARBORAGE ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sylvia Baldini March 15, 04 (954) 463-8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #