


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90273 001 ***150.00

DOCUMENT # P96000097102


1. Entity Name
PALM BEACH TRADING ENTERPRISES, INC.



Principal Place of Business Mailing Address
300 WESTMINSTER RD **300 WESTMINSTER RD**
W PLAM BEACH, FL-33405 **W PLAM BEACH, FL 33405**

2. Principal Place of Business 3. Mailing Address
20 Branch Brook Rd. *20 Branch Brook Rd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wilton, CT *Wilton CT*
 Zip Country Zip Country
06897 *06897* *06897*



03092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0711060 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PIEROT, EDWARD G
300 WESTMINSTER ROAD
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent
 Name *Paula Blankenship*
 Street Address (P.O. Box Number is Not Acceptable)
4429 Miss Piney Road
 City *West Palm Beach* **FL** Zip Code *33406*

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 *Paula Blankenship* DATE *4-27-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEROT, EDWARD G	NAME	
STREET ADDRESS	300 WESTMINSTER ROAD <i>20 Branch Brook Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	WEST-PALM BEACH, FL 33405 <i>Wilton, CT 06897</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Edward G. Pierot* *E.G.P.* DATE *4/22/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #