2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2005 08:00 AM **DOCUMENT # 599065** Secretary of State FLORIDA AND SOUTH AMERICA TRADING CO. Mailing Address Principal Place of Business 8033 N.W. 36TH STREET, SUITE 440 8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL 33166 MIAMI, FL 33166 02042005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1868550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ISICOFF, ERIC D., ESQ. DO NOT WRITE 1101 BRICKELL AVENUE SUITE 704 IN THIS SPACE MIAMI, FL 33131 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE <u>80031-023 150.00</u> RIBADENEIRA, DANIELA NAME 8033 NW 36 ST, STE, 440 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME MENENDEZ, GEORGINA STREET ADDRESS 8033 NW 36TH STREET SUITE 440 DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE GARCIA, PRISCILLA NAME 8033 NW 36TH ST #440 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/4/05

(305) 597-904

FILED