


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90018 049 ***150.00

DOCUMENT # 599065

1. Entity Name
FLORIDA AND SOUTH AMERICA TRADING CO.



Principal Place of Business
**8033 N.W. 36TH STREET, SUITE 440
 MIAMI, FL 33166**


Mailing Address
**8033 N.W. 36TH STREET, SUITE 440
 MIAMI, FL 33166**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



01042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1868550

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISICOFF, ERIC D., ESQ.
 1101 BRICKELL AVENUE
 SUITE 704
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE

SUITE 1900

City **MIAMI** State **FL** Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIBADENEIRA, DIEGO	
STREET ADDRESS	8033 N.W. 36TH STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIBADENEIRA, DANIELA	
STREET ADDRESS	8033 NW 36 ST. STE. 440	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MENENDEZ, GEORGINA	
STREET ADDRESS	8033 NW 36TH STREET SUITE 440	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, PRISCILLA	
STREET ADDRESS	8033 NW 36TH ST #440	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Priscilla Garcia* Priscilla F. Garcia 2/20/2006 (305) 597-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #