


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90324 021 ***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 - No P.O. Box # 8045 N.W. 36TH STREET		3. Mailing Address 8045 N.W. 36TH STREET	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.
4. FEI Number 59-1868550		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISICOFF, ERIC D., ESQ. 1200 BRICKELL AVE STE 1900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 N.W. 36TH STREET DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBADENEIRA, DANIELA 8033 NW 36 ST. STE. 440 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 N.W. 36TH STREET DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENENDEZ, GEORGINA 8033 NW 36TH STREET SUITE 440 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 N.W. 36TH STREET DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, PRISCILLA 8033 NW 36TH ST #440 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 N.W. 36TH STREET DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Priscilla Garcia</i> PRISCILLA F. GARCIA		Date: 4/12/07	Daytime Phone #: (305) 597-9044