


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 004 ***150.00

DOCUMENT # 599065

1. Entity Name
FLORIDA AND SOUTH AMERICA TRADING CO.



Principal Place of Business Mailing Address
8045 N.W. 36TH STREET, SUITE 500 **8045 N.W. 36TH STREET, SUITE 500**
DORAL FL 33166 **DORAL FL 33166**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1868550 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	8045 NW 36TH ST	
CITY-ST-ZIP	DORAL FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIBADENEIRA, DANIELA	
STREET ADDRESS	8045 NW 36TH ST	
CITY-ST-ZIP	DORAL FL 33166	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MENENDEZ, GEORGINA	
STREET ADDRESS	8045 NW 36TH ST	
CITY-ST-ZIP	DORAL FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, PRISCILLA	
STREET ADDRESS	8045 NW 36TH ST	
CITY-ST-ZIP	DORAL 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 Section 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: *[Signature]* Date: 2/6/08 Daytime Phone #: (305) 599 9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR