


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

06-09-2003 90110 042 ***150.00
07-18-2003 90078 040 ***400.00

DOCUMENT # F01000000071

1. Entity Name
P.M.I. TRADING LIMITED INC.



Principal Place of Business
**AV. MARINA NACIONAL 329 PISO 20
MEXICO, D.F. 11311**

Mailing Address
**AV. MARINA NACIONAL 329 PISO 20
MEXICO, D.F. 11311**



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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **98-0137302**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	MARTINEZ, EDUARDO	<input checked="" type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO D F 11311	
CITY-ST-ZIP		
TITLE D	DE LA GARZA, BERNARDO	<input type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO D F 11311	
CITY-ST-ZIP		
TITLE D	BEJAR, EDMUNDO	<input checked="" type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO DF 11311	
CITY-ST-ZIP		
TITLE D	ZAMBRANO, ROSENDO	<input type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO DF 11311	
CITY-ST-ZIP		
TITLE D	GARNICA, LUIS	<input type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO DF 11311	
CITY-ST-ZIP		
TITLE D	CABALLERO, JUAN	<input type="checkbox"/> Delete
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO DF 11311	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE D	ESPARZA GILBERTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO, D.F. 11311	
CITY-ST-ZIP		
TITLE D	MARTINEZ DEL RIO EDUARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AV. MARINA NACIONAL 329 PISO 20	
STREET ADDRESS	MEXICO, D.F. 11311	
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 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 **LUIS GARNICA** MARCH 11, 2003 0052-55-5227-0092

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

CR2E034 (10/02)