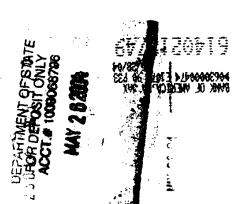
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # P02000094271** 1. Entity Name 05-26-2004 90005 027 \*\*\*150.00 MARKETING & TRADING, INC. 09-02-2004 90073 011 \*\*\*400.00 Mailing Address Principal Place of Business 16202 EMERAL COVE RD 16202 EMERAL COVE RD WESTON, FL 33331 WESTON, FL 33331 3. Mailing Address 2. Principal Place of Business HTDD NW GGTH 10720 NW 66TH Suite, Apt. #, etc. uite, Apt. #, etc. 08192004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State ty & State loudo 35-2181780 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired ÄZU Fee Required AZU 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOIJMARTINEZ, ANDRES F Street Address (P.O. Box Number is Not Acceptable) 1876 N UNIVERSITY DR. STE #200C PLANTATION, FL 33322 10720 NW 66TH Miami. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DST. DST XX Addition TITLE Delete TITLE MARIA CLARA VELAGOUEZ. GIRALDO, MYRIAM NAME NAME STREET ADDRESS 16202 EMERAL COVE RD STREET ADDRESS ATOO WUN OSFOL CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33331 MIOMI, FLORIDA TITLE DΡ Delete TITLE ☐ Change ■ Addition NAME TOBON, WILLIAM NAME STREET ADDRESS 1510 EMERAL COVE RD STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chappe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver option and the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under o changed, or on an attachmer **SIGNATURE:** G OFFICER OR DIRECTOR Daytime Phone #

**FILED** 

## ATTACHMONT # DU 2000094271 54071491



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