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May 22, 2003 8:00 am
Secretary of State
05-22-2003 90142 038 ***150.00

2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80120811

DOCUMENT # P02000094271

1. Entity Name
Marketing and Trading, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Adress
16202 Emeral Cove Rd.	16202 Emerald Cove Rd.
Suite, Apt.#,etc	Suite, Apt.#,etc
City & State: Weston, Fl	City & State: Weston, Fl
Zip: 33331 Country: USA	zip: 33331 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
35 - 2181780	Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Adresses of Current Registered Agent

Name
Martinez, Andres F

Street Adress (P.O Box Number is not acceptable)
1876 N University Dr. Ste #200C

Plantation, Florida — Zip Code 33322

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 _____ 05.10.03

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature when reinstating) DATE

January 1 May 1 Fee is $150
After May, Fee is $550.00
Mack Check payable to Florida Department of State

9. Election Campaing Financing Trust Fund Contribution — $5.00 May Be Added to Fees

10. OFIFICERS AND DIRECTORS

TITLE	D/P	TITLE	
NAME	Tobon, William D	NAME	
STREET ADRESS	16202 Emeral Cove Rd	STREET ADRESS	
CITY-ST-ZIP	Weston, Fl 33331	CITY-ST-ZIP	
TITLE	D/S/T	TITLE	
NAME	Giraldo, Myriam	NAME	
STREET ADRESS	1510 NE 50th CT#44	STREET ADRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33334	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADRESS		STREET ADRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADRESS		STREET ADRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I Herefy certify that the information supplied with this filling not qualify for the exemption stated in section 119.07(3)(1). Florida Statues. I further certify that the information indicated on this report or supplemental report in tue and accurate and that my signature shall have the same legal effects as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to excute this report as required by Chapter 607, Florida Statues, and that my name appears in Block 10 or on an statement with and adress, with all other live empowered.

SIGNATURE: Myriam Giraldo 05.10.03 786-2716101

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day Time Phone#