

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000001418
 1. Entity Name
 MAFT TRADING CORP.



Principal Place of Business Mailing Address
 8520 MENTEITH TERR. 8520 MENTEITH TERR.
 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 42-1568460 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL A
 8520 MENTEITA TERR.
 MIAMI LAKES, FL 33016

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, MANUEL A
STREET ADDRESS	8520 MENTEITA TERR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VD
NAME	FERNANDEZ, DIANA G
STREET ADDRESS	8520 MENTEITA TERR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	TD
NAME	FERNANDEZ, MICHELLE
STREET ADDRESS	8520 MENTEITA TERR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	FERNANDEZ, MARLYN C
STREET ADDRESS	8520 MENTEITA TERR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	FERNANDEZ, MANUEL B
STREET ADDRESS	8520 MENTEITA TERR.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369233
 06/08/05-80005-016 158.75

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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: _____ (305) 819-9450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #