


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90011 043 ***150.00

DOCUMENT # P03000021735

1. Entity Name
A & M GLOBAL TRADING, INC.



Principal Place of Business
**2071 SW 176 AVENUE
 MIRAMAR, FL 33029**

Mailing Address
**2071 SW 176 AVENUE
 MIRAMAR, FL 33029**

94045908



2. Principal Place of Business
2420 S Dixie Hwy

Suite, Apt. #, etc.

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

04042004 Chg-P CR2E034 (10/03)

City & State
HOMESTEAD, FL

City & State

4. FEI Number
35-2196435

Applied For
 Not Applicable

Zip
33032

Country
USA

Zip
 Country

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

6. Name and Address of Current Registered Agent

CONCEPCION, AMELIO
2071 SW 176 AVENUE
MIRAMAR, FL 33029

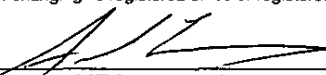
7. Name and Address of New Registered Agent

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 *Amelio Conception*  DATE **4/4/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	CONCEPCION, AMELIO
STREET ADDRESS	2071 SW 176 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	MARTA, CONCEPCION
STREET ADDRESS	2071 SW 176 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	Heasudak
STREET ADDRESS	Perez, Lucia
CITY-ST-ZIP	2071 SW 176 AVE
CITY-ST-ZIP	MIRAMAR, FL 33029
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 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: *Amelio Conception*  DATE **4/4/04** DAYTIME PHONE # **(954) 214-9127**

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