
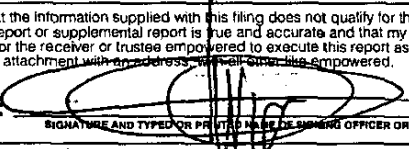


FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90013 023 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M92621		
1. Entity Name TRADE AND INVESTMENTS, INC.		
Principal Place of Business 773 WOODCREST DR. KEY BISCAINE, FL 33149 US		Mailing Address 773 WOODCREST DR. KEY BISCAINE, FL 33149 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHICO, LUIS 773 WOODCREST DR. KEY BISCAINE, FL 33149		01262004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0073234
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CHICO, LUIS 773 WOODCREST DR. KEY BISCAINE, FL 33149	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHICO, LUIS 773 WOODCREST DR. KEY BISCAINE, FL 33149	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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, which shall state I am empowered.		
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: _____ Daytime Phone #: _____		

Attachment
M92621

54012478

TRADE AND INVESTMENTS INC.

Fax 914 299 079

February 23rd, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL
32314

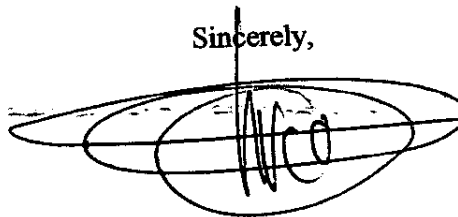
Dear Florida Department of State:

Re: Change of Address. TRADE AND INVESTMENTS, Inc. -
FEI number 65-0073234

I hereby request you a change of address of "Principal Place of Business"
and "Mailing Address" from 773 Woodcrest Rd., Key Biscayne, FL., to:

11450 SW 104 Street
Miami, Florida
33176

Sincerely,

A handwritten signature in black ink, appearing to read 'Luis Chico', is written over a horizontal line. The signature is enclosed within a large, hand-drawn oval.

Luis Chico