


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 590028</b> 1. Entity Name <b>M. &amp; S. TRADING INC.</b>	
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Principal Place of Business <b>6820-22 NW 77TH COURT MIAMI, FL 33166</b>	Mailing Address <b>6820-22 NW 77TH COURT MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1854321</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SIMMONS, MICHAEL  
7724 S.W. 84TH COURT  
MIAMI, FL. K, FL 33143**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U00000942953  
05/29/08-80041-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, MICHAEL 7724 S.W. 84TH COURT MIAMI, FL 33143, 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMONS, SYLVIA 7724 S.W. 84TH COURT MIAMI, FL 33143,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ANDREW N 7724 SW 84 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ROBIN E 7724 SW 84 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, KRISTIN R 7724 SW 84 CT MIAMI, FL 33143
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 exemptions contained in Chapter 119, 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:** Sylvia Simmons **4-26-08** **305-594-7521**

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