

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J08941 1. Entity Name PEREZ TRADING COMPANY, INC.		
Principal Place of Business % JOHN PEREZ 3490 N.W. 125TH STREET MIAMI, FL 33167		Mailing Address % JOHN PEREZ 3490 N.W. 125TH STREET MIAMI, FL 33167
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
4. FEI Number 13-5660405		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PEREZ CARL A 3490 NW 125TH STREET MIAMI, FL 33167		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when releasing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP C PEREZ, JOHN 3490 NW 125TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP P PEREZ, JOHN D 3490 NW 125TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP VST PEREZ, CARL A 3490 N.W. 125TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Delete	TITLE 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: <i>Carl A Perez</i>		Date: 7/3/03

CR2E034 (10/02)