

FILED
Feb 16, 2005 08:00 AM
Secretary of State

1. Entity Name
FAIR TRADERS EXPORT & IMPORT, INC.



Mailing Address

15334 WEST DIXIE
MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FBI Number
65-1010271

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACCHAS, VERNON
198 NW 152 LANE
PEMBROKE PINES, FL 33028

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BACCHAS, VERNON
STREET ADDRESS	198 NW 152 LANE
CITY - ST - ZIP	PEMBROKE PINES, FL 33028

TITLE	VSD
NAME	CHIN, LISA
STREET ADDRESS	198 NW 152 LANE
CITY - ST - ZIP	PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

02/16/05-80024-025 150.00

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #