

2003

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 005 ***150.00

DOCUMENT # P00000047618 1. Entity Name La Morena Trading Group, Inc.				90118046	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 777 N.W. 72nd Ave. Suite, Apt. #, etc. Suite 2E19 City & State Miami, FL Zip 33126		3. Mailing Address 777 N.W. 72nd Ave. Suite, Apt. #, etc. Suite 2E19 City & State Miami, FL Zip 33126			
4. FEI Number 65-1023860		Applied For <input type="checkbox"/> Not Applicable		DO NOT WRITE IN THIS SPACE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent Name Fernandez, Ana Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Ave. Suite 240 City Coral Gables FL Zip Code 33134			
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 reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Monroy, Armando 777 N.W. 72nd Ave., Suite 2E19 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Morales, Maria E. 777 N.W. 72nd Ave., Suite 2E19 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Armando Monroy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>305-263-8844</u> Daytime Phone #		