2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090734

t. Entity Name

A & M INTERNATIONAL TRADING CORP.



Principal Place of Business

SIGNATURE:

1825 MAIN STREET SUITE 201 WESTON, FL 33326

Mailing Address

1825 MAIN STREET SUITE 201 WESTON, FL 33326

FILED Apr 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03312004 No Chg-P

4, FEI Number	Applied For	
65-1062049	 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent					
MOREJON, JENNY M 1825 MAIN ST SUITE 201 FORT LAUDERDALE, FL 33326		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the plant of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature, typed or printed name of registered agent and title it	Eapplicable. (NOTE Registered	erutsngæ tnogA f	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Se Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREJON, JENNY M 1825 MAIN STREET #201 WESTON, FL 33326				
TITLE NAME STREET ADDRESS CITY ST-ZIP					U00000125276 04/22/04-80079-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the received per fruiteel empoyered 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 within address, with pill other like empowered.					

E OF SIGNING OFFICER OR DIRECTOR