APR-03-2003 09:56

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90723 030 ***150.00

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DOCUMENT # P00000090734

1. Entity Name
A&M INTERNATIONAL TRADING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1825 MAIN STREET	SAME
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.
City & State: WESTON FL	City & State
Zip: 33326 Country: BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1062049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JENNY M. MOREJON
Street Address (P.O. Box Number is Not Acceptable): 1825 MAIN STREET
SUITE 201
City: WESTON FL Zip Code: 33326

6. 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: _____ JENNY M. MOREJON 04/03/03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	JENNY M. MOREJON	NAME	
STREET ADDRESS	1825 MAIN ST, #201	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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: _____ PRESIDENT 04/03/03 954-217-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1