

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022381

FILED
Sep 17, 2004
Secretary of State

Entity Name: M & A TRADING GROUP, INC.

Current Principal Place of Business:

6700 NW 186TH STREET, #403
MIAMI, FL 33015

New Principal Place of Business:

4540 NW 114 AVE
1601
DORAL, FL 33178 US

Current Mailing Address:

P.O. BOX 545895
BAL HARBOUR, FL 33154

New Mailing Address:

P.O. BOX 545895
BAL HARBOUR, FL 33154 US

FEI Number: 65-1082957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILA, ALCIDES J
10353 S.W. 6TH ST.
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

DAVILA, ALCIDES J
4540 NW 114 AVE
1601
DORAL, FL 33178 US

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.

SIGNATURE: ALCIDES J DAVILA

09/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVILA, ALCIDES J
Address: 10353 S.W. 6TH ST.
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: VILLALTA, MARIA J
Address: 10353 S.W. 6TH ST.
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVILA, ALCIDES J
Address: 4540 NW 114 AVE
City-St-Zip: DORAL, FL 33178 US

Title: VD (X) Change () Addition
Name: VILLALTA, MARIA J
Address: 4540 NW 114 AVE
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALCIDES J DAVILA

PD

09/17/2004

Electronic Signature of Signing Officer or Director

Date