2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
04-28-2003 91483 047 ***150.00

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DOCUMENT # P01000022381

1. Entity Name
M & A TRADING GROUP, INC.

Principal Place of Business	Mailing Address
10353 S.W. 6TH ST. MIAMI FL 33174	P.O. BOX 545895 BAL HARBOUR FL 33154

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6700 NW 186 st	PO BOX 545895
Suite, Apt. #, etc. # 403	Suite, Apt. #, etc.
City & State Miami Florida	City & State Bal Harbour, Flg
Zip 33015 Country Dade	Zip 33154 Country Dade

4. FEI Number 65-1082957 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVILA, ALCIDES J 10353 S.W. 6TH ST. MIAMI FL 33174 → NEW ADDRESS 6700 NW 186 St. #403 MIAMI FLA 33015	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVILA, ALCIDES J 10353 S.W. 6TH ST. MIAMI FL 33174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VILLALTA, MARIA J 10353 S.W. 6TH ST. MIAMI FL 33174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Alcides Davila 4/24/03 305-512-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #