


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 27 AM 8:00

DOCUMENT # P01000025411 1. Entity Name  D&S TRADING CORPORATION.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5243 NW 202 Terrace Suite, Apt. #, etc.	3. Mailing Address 5243 NW 202 Terrace Suite, Apt. #, etc.
City & State Miami, Fla.	City & State Miami, Fla.
Zip 33015	Country U.S.A.
Zip 33055	Country U.S.A.

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 52-2300159	Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name DARIO MARMOLEJO Street Address (P.O. Box Number is Not Acceptable) 5243 NW 202 Terrace City Miami FL Zip Code 33055	

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  DARIO MARMOLEJO 08/20/03  
(NOTE: Registered Agent signature required when reissuing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D DARIO MARMOLEJO 5243 NW 202 Terrace, Miami, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300022604273 08/27/03--01025--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP V/S Carmen Sonia Marin 5243 NW 202 Terrace, Miami, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:  DARIO MARMOLEJO 08/20/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)