2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # D01000051082

FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90161 041 ***150.00

1. Entity Name AMERICAN SERVICE TRADING, INC.										
Principal Place of Business Malling Address				J						
6051 S W 8TH ST 6051 S W 8TH S MIAMI, FL 33144 MIAMI, FL 3314						BIDI JIDJE DEFIL DEVIL DOK			I le a ir a al i	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number 65-1106			— —	plied For t Applicable	
Zip	Country	Zip	Country			f Status Desired		8.75 Addi ee Required	itional	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and A	Address of New A	legistered A	jent		
ANDRADE, GUILLERMO 255 ALHAMBRA CIRCLE SUITE 720				MARCELO V. MONTILLO Street Address (P.O. Box Number is Not Acceptable) 6051 SW 8TH STREET						
CORAL GABLES, FL 33134			City	AMI			FL	Zip Code 3314	,,44	
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 page of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
fo.	OFFICERS AND	L DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS	PD VLADIMIR MONTILLO, MARCEL 255 ALHAMBRA CIRCLE SUITE		NAME M STREET ADDRESS 6	051	ELOCV. M . SW 8TH	STREET	-"	Change	☐ Addition	
CITY-ST-ZIP :	VD CORAL GABLES, FL 33134	☐ Delete	CITY-ST-ZIP M	11AM	II, FL 33	144		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VIGO, FELISA 6051 S W 8TH ST MIAMI, FL 33144	2 3000	NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition .	
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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 employered 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 attactioner with an address, with all other like empowered.										
SIGNATURE:										