2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000113275 1. Entity Name M&P INIT! TRADING CORP

| M&R INTETRADING CORP. | | | | \$ | | |
|--|---|-------------------------------|--------------------------------------|---------------------------|---|----------------------------|
| Principal Place of Business Mailing Address 7250 SW 138 CT 7250 SW 138 CT MIAMI, FL 33183 MIAMI, FL 33183 | | 7250 SW 138 CT | | | | |
| 0 | O NOT WRITE | CE | 04272004 4. FEI Number 65-1155 | No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| MERCADO 7250 SW 1 MIAMI, FL | D, SONIA R 138 CT | DO NOT WRITE IN THIS SPACE | | | | |
| 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 little II applicable (NOTE Registered Agent signature required when reinstalling) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution | | | | .00 May Be fed to Fees | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIF PVST MERCADO, SONIA R 7250 SW 138 CT MIAMI, FL 33183 | ECTORS | | L. | #00509 .14729/04-4 | 29118 20108-003 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | | | | IN 1 | THIS SP | ACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | _ |

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 AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR