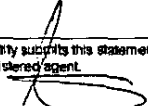
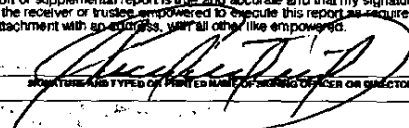


FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90171 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009438			
1. Entity Name L.M. IMPORT & EXPORT TRADING, INC.			
Principal Place of Business 5220 NW 72ND AVENUE #6 MIAMI, FL 33166		Mailing Address 5220 NW 72ND AVENUE #6 MIAMI, FL 33166	
2. Principal Place of Business 5220 NW 72 AVE		3. Mailing Address	
Suite, Apt. #, etc. BAY - 20		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI	
Zip 33166		Country	
4. FEI Number 02-0243383			
Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent R&P ACCOUNTING & TAXES, INC. 141 N.E. 3RD AVENUE SUITE 604 MIAMI, FL 33132		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE	
Signature, typed or printed name of registered agent and title (Application)		(NOTE: Registered Agent Signature Required when submitting)	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD MURCIA, JOSE A 6220 NW 72ND AVENUE #6 MIAMI, FL 33166			
VD LUJAN, HORTENSIA 6220 NW 72ND AVENUE #6 MIAMI, FL 33166			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, 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: 		Date	
Typed or Printed Name of Officer or Director		Original Phone #	