



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 022 ***150.00

DOCUMENT # P02000038621 1. Entity Name MARE-MARE TRADING, INC.					
Principal Place of Business 8322 NW 56 ST SUITE 246 MIAMI, FL 33166			Mailing Address 8322 NW 56 ST SUITE 246 MIAMI, FL 33166		
2. Principal Place of Business 2103 SW 22nd Street		3. Mailing Address 2103 SW 22nd Street		 04212004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite # 405		Suite, Apt. #, etc. Suite # 405			
City & State Miami FL		City & State Miami, FL			
Zip Country 33145 USA		Zip Country 33145 USA			
6. Name and Address of Current Registered Agent MATA, PABLO JOSE 3900 NW 79TH AVE., STE 529 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name MATA, PABLO JOSE Street Address (P.O. Box Number is Not Acceptable) 2103 SW 22nd Street Suite # 405 City Miami FL Zip Code 33145	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MATA, PABLO JOSE 3900 NW 79TH AVE., STE 529 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PAREJO, CARMEN 119 CAMERON CT WESTON, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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: <u>Carmen Mata Carmen M. Parejo</u> 04/24/04 305 597 5980 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					