


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 020 ***150.00

DOCUMENT # P02000039841	
1. Entity Name PAUL INVEST AND TRADE CORP.	

Principal Place of Business 1000 ISLAND BLVD #1107 AVENTURA, FL 33160	Mailing Address 1000 ISLAND BLVD #1107 AVENTURA, FL 33160
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54013381

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KABABIE SACAL, JAIME 1000 ISLAND BLVD #1107 AVENTURA, FL 33160		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____
Signature, typed or printed name of registered agent and title if 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABABIE SACAL, JAIME	NAME	
STREET ADDRESS	1000 ISLAND BLVD #1107	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABABIE SACAL, RAFAEL	NAME	
STREET ADDRESS	1000 ISLAND BLVD #1107	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABABIE SACAL, SOLOMON	NAME	
STREET ADDRESS	1000 ISLAND BLVD #1107	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABABIE SACAL, MOISES	NAME	
STREET ADDRESS	1000 ISLAND BLVD #1107	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACAL KABABIE, PAULINA	NAME	
STREET ADDRESS	1000 ISLAND BLVD #1107	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JAIME KABABIE SACAL 2-24-04** (305) 932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #