2003 FOR PROFIT CORPORATION

2003 FOR PROF UNIFORM BUSINI					Sep 03, 2003 8:00 am
DOCUMENT # P020(1. Entity Name CMF & F TRADING CORPORATION	0004	1609			Secretary of State 09-03-2003 90020 041 ***550.00
incipal Place of Business . Mailing Address 301 N.W. 78 PLACE # 389 8801 N.W. 78 PLACE # 389 AMARAC FL 33321 TAMARAC FL 33321)		
2. Principal Place of Business 10754 W. SAMPLE Ro 10754 W. SA Suite, Apt. #, etc Suite, Apt. #, etc				<u>B.</u>	☐-CHECK HERE IF MAKING CHANGES
CORAL SPRINGS, FL	100	& State NAL SPRI	NGS, 1	<u>-</u> _	4. FEI Number
Zip Country 33065 6. Name and Address of Current		3065	Country		5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
SIGNATURE Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00			City	Address (10 7)	P.O. Box Number is Not Acceptable) P.O. Box Number is Not Acceptable P.O. Box Num
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			1 · · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution. Added to Fees
TOTALE VAME STREET ADDRESS CITY-ST-ZIP P ALCAZAR, JORGE 8801 N.W. 78 PLACE # 389 TAMARAC FL 33321	DIRECTO	HS	TITLE NAME STREET ADDRES CITY-ST-ZIP	ALC S 107	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CAZAR JORGE ASY W. SAMPLE RD. RAL SPRINGS, FL 33065
NAME NAME STREET ADDRESS OTTY-ST-ZIP V ALCAZAR, FABRIZZIO 8801 N.W. 78 PLACE # 389 TAMARAC FL 33321		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	1001	CAZAR, FABRICIO Change Addition 754-W. SAMPLE RD RAL SPRIIJGS, FL 33065
NAME Street address City-St-Zip		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SA 103	NCHEZ, GWRIA M. Change MAddition 754 W. SAMPLE RS. 12AL SPAINES, FL 33065
ntile Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	58	☐ Change ☐ Addition
VITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	•	☐ Delete	TITLE NAME STREET ADDRES	55	☐ Change ☐ Addition

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 accress, with all other like empowered.

SIGNATURE: