

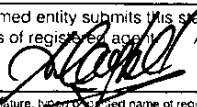
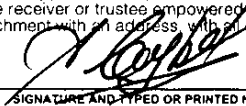


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90027 024 \*\*\*150.00

<b>DOCUMENT # P02000047970</b> 1. Entity Name <b>C &amp; S TRADING GROUP CORP.</b>					
Principal Place of Business <b>169 E. FLAGLER ST. SUITE 1534 MIAMI, FL 33131</b>			Mailing Address <b>169 E. FLAGLER ST. SUITE 1534 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>8301 SW 152 STREET</b>		3. Mailing Address <b>8301 SW 152 STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>41-2062131</b>	
Zip <b>33157</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CYBEL, ALBERTO J 169 E. FLAGLER ST. SUITE 1534 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>CYBEL ALBERTO J</b> Street Address (P.O. Box Number is Not Acceptable) <b>8301 SW 152 ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33157</b>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>CYBEL, ALBERTO J 169 E. FLAGLER ST. SUITE 1534 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>CYBEL, ALBERTO J 8301 SW 152 ST MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					