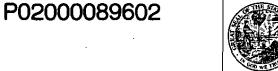
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LMO TRADING CO.

1. Entity Name





FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90088 021 ***150.00

Principal Place of Business 9860 NW 15TH STREET PLANTATION FL 33322 US		9860	Mailing Address 9860 NW 15TH STREET PLANTATION FL 33322 US							
2. Principal P	Place of Business	3. Mai	ling Address							
Suite, Apt. #, etc. City & State		Suit	Suite, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES					
		City			4. F	4. FEI Number 59375		Applied For Not Applicable		}
Zip	Country	Zip		Country	5. C	ertificate of Status Desired	□ \$8. Fee	75 Add Required	itional	
	6. Name and Address	of Current Registere	ed Agent		7. N	ame and Address of New Re	egistered Agen	it		
				Name						1
OLIVEIRA, LUIS M			Street Address (P			O. Box Number is Not Acceptable)				1
9860 NW	15TH STREET	:								
PLANTATI	ON FL 33322					_ 				ľ
				City			FL ²	Zip Code		
	named entity submits this tions of registered agent.	statement for the purp	ose of changing its re	egistered office or re	gistered age	nt, or both, in the State of Flor	rida. I am famili	iar with, a	and accept	
SIGN/TURE.	Signature, typed or printed name of	registered agent and title if app	licable. (NOTE: I	Registered Agent signature r	required when rai	nstating)	DATE			
	ILE NOW!!! FEE IS \$	150.00		-						ĺ
After	r May 1, 2003 Fee will b c Payable to Florida Dep	e \$550.00				Election Campaign Final Trust Fund Contribution			May Be to Fees	
10.	OFF	ICERS AND DIRECTO	RS	11.	ADI	NTIONIO IO LANGES TO SEE	CEDS AND DID	ECTORS	IN 11	
10.				11.	ADI	DITIONS/CHANGES TO OFFI	CEUS VIAD DIU		☐ Addition	ક
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS