


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90003 013 \*\*\*150.00

<b>DOCUMENT # P02000097833</b> 1. Entity Name <b>GENERAL TRADING IMPORT &amp; EXPORT, INC.</b>					
Principal Place of Business <b>7460 NW 8TH STREET MIAMI, FL 33126</b>			Mailing Address <b>7460 NW 8TH STREET MIAMI, FL 33126</b>		
2. Principal Place of Business <b>9700 DOMINICAN DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>9700 DOMINICAN DR</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b> Zip <b>33189</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33189</b>		4. FEI Number <b>38-3659751</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				09072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>PALOMINO, OSCAR R 7460 NW 8TH STREET MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>PALOMINO, OSCAR R</b> Street Address (P.O. Box Number is Not Acceptable) <b>9700 DOMINICAN DR</b> City <b>MIAMI</b> FL Zip Code <b>33189</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: <i>[Signature]</i> DATE: <b>9/17/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>PALOMINO, OSCAR R 7460 NW 8TH STREET MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PALOMINO, OSCAR R 9700 DOMINICAN DR MIAMI FL 33189</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/17/2004 (305) (815) 9582 <small>Date Daytime Phone #</small>		

**54072038**

