



A M E N D M E N T

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 29 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120598				
1. Entity Name FUTURA TRADING CORP.				
Principal Place of Business 6500 NW 72ND AVE MIAMI, FL 33166		Mailing Address 6500 NW 72ND AVE MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 04-3726004				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ITZCOVICH, MARCEL 6500 NW 72 AVE MIAMI, FL 33166		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				
TITLE	M	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	ITZCOVITCH, MARCEL		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6500 NW 72 AVE		NAME	Itzcovitch, Marcel
CITY-ST-ZIP	MIAMI, FL 33166		STREET ADDRESS	6500 N.W. 72 Avenue
			CITY-ST-ZIP	Miami, Florida 33166
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Garcia-Lage, Angelina
STREET ADDRESS			STREET ADDRESS	6500 N.W. 72 Avenue
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33166
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Montesino, Candido
STREET ADDRESS			STREET ADDRESS	6500-N.W. 72-Avenue
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33166
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Chalbaud, Luis Ramon
STREET ADDRESS			STREET ADDRESS	6500 N.W. 72 Avenue
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33166
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
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 either like empowered.				
SIGNATURE: 		Candido Montesino, Treasurer 4/21/03 (305)436-9787		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

CR2034 (1/01/02)

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