


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90012 024 ***150.00

DOCUMENT # P02000120801

1. Entity Name
S&M TRADING GROUP, INC.



Principal Place of Business
8107 SW 72 AVE #201E
MIAMI, FL 33143

Mailing Address
8107 SW 72 AVE #201E
MIAMI, FL 33143

2. Principal Place of Business
10729 SW 117 CT
 Suite, Apt. #, etc.

3. Mailing Address
7220 NW 36 ST
 Suite, Apt. #, etc.
301

City & State
MIAMI, FL


City & State
MIAMI, FL

Zip
33186

Country
USA

Zip
33166

Country
USA



02092004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1855529		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ, LUIS 8107 SW 72 AVE #201E MIAMI, FL 33143		7. Name and Address of New Registered Agent 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOLEROS, BRUCE		NAME ISABEL MILAGROS SANCHEZ	
STREET ADDRESS 8107 SW 72 AVE #201E		STREET ADDRESS 10729 SW 117 CT	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI, FL 33186	
TITLE D	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANCHEZ, LUIS M		NAME DAVID SANCHEZ CARNERO	
STREET ADDRESS 8107 SW 72 AVE #201E		STREET ADDRESS 10729 SW 117 CT	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI, FL 33186	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLEROS, MARIA E		NAME	
STREET ADDRESS 8107 SW 72 AVE #201E		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: Isabel Milagros Sanchez **ISABEL MILAGROS SANCHEZ - PRESIDENT** 2/19/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #