


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90026 036 ***158.75

DOCUMENT # P03000045182	
1. Entity Name GLOBAL SALES TRADING, INC.	

Principal Place of Business 6705 N.W 84TH ST MIAMI FL 33166	Mailing Address P.O BOX 451923 SUNRISE FL 33345
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2. Principal Place of Business - No P.O. Box # 10900 NW 21 ST Suite, Apt. #, etc. Suite 140 City & State miami Florida Zip 33172 Country USA	3. Mailing Address 10900 NW 21 ST Suite, Apt. #, etc. Suite 140 City & State miami Florida Zip 33172 Country USA
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1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent CASTRO, ISIDRO 6705 N.W 84TH ST MIAMI FL 33166	
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7. Name and Address of New Registered Agent	
Name	CASTRO ROSA
Street Address (P.O. Box Number is Not Acceptable)	10900 NW 21 ST Suite 140
City	miami FL Zip Code 33172

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	ROSA CASTRO
SIGNATURE	Isidro Castro
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
	DATE 3/10/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	CASTRO, ISIDRO
STREET ADDRESS	6705 N.W 84TH ST
CITY- ST- ZIP	MIAMI FL 33166
TITLE	VP
NAME	CASTRO ROSA
STREET ADDRESS	10900 NW 21ST Suite 140
CITY- ST- ZIP	miami FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 title or empowered.

SIGNATURE: Isidro Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #