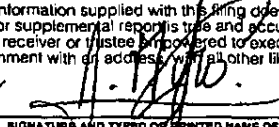


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/11

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-12-2004 90640 033 ***150.00

DOCUMENT # P03000086125 1. Entity Name SJM INTERNATIONAL TRADING CORP.					
Principal Place of Business 13900 S.W. 90 AVE STE #EE205 MIAMI, FL 33176			Mailing Address 13900 S.W. 90 AVE STE #EE205 MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0845035	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, JORGE M 13900 S.W. 90 AVE STE #EE205 MIAMI, FL 33176			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 NAME STREET ADDRESS CITY-ST-ZIP	PVST RESTREPO, JORGE M 13900 S.W. 90 AVE STE #EE205 MIAMI, FL 33176		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ 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: 			03/23/04 808 256 8613		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

(IRS USE ONLY)

575A

Attachment 00417375
09-12-2003 SJMI B 0134447939 SS-4

PO3000086125

Keep this part for your records.

CP 575 A (Rev. 1-2001)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

0134447939

Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 09-12-2003
EMPLOYER IDENTIFICATION NUMBER: 55-0845035
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023
|||

SJM INTERNATIONAL TRADING CORP
% JORGE M RESTREPO
13900 SW 90TH AVE EE205
MIAMI FL 33176