


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90082 050 ***150.00

DOCUMENT # P03000109622	
1. Entity Name MASTER IMPORT & EXPORT TRADING, INC.	

Principal Place of Business 3149 NE 163 ST NORTH MIAMI BEACH, FL 33160	Mailing Address 3149 NE 163 ST NORTH MIAMI BEACH, FL 33160
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2. Principal Place of Business 16830 Collins Ave.	3. Mailing Address 16830 Collins Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

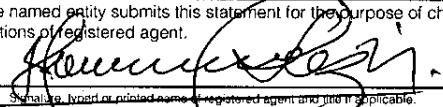
City & State Sunny Isles, FL	City & State Sunny Isles, FL
Zip 33160	Country US
Zip 33160	Country US



04102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SILVA, HAROLDO S 3149 NE 163 ST NORTH MIAMI BEACH, FL 33160	
7. Name and Address of New Registered Agent Name Silva, Haroldo Souza Street Address (P.O. Box Number is Not Acceptable) 7000 Island Blvd. Apt 1401 City Aventura FL Zip Code 33160	


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:  **Haroldo S. Silva** 4/17/04
Signature typed or printed name of registered agent and not applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, HAROLDO S 7000 ISLAND BLVD #1401 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Silva, Haroldo Souza 7000 Island Blvd. # 1401 Aventura, FL 33160 <input checked="" 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
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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:  **Haroldo S. Silva** 4/17/04 (305)945-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #