

2003

PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90104 041 ***150.00

DOCUMENT # P030001C3622

1. Entity Name
MASTER IMPORT & EXPORT TRADING, INC.

Principal Place of Business

16830 COLLINS AVE.
SUNNY ISLES, FL 33160

Mailing Address

16830 COLLINS AVE.
SUNNY ISLES, FL 33160

50050460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

42-1606646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, HAROLDO S
7000 ISLAND BLVD.
APT. 1401
AVENTURA, FL 33160

Name

Silva, Haroldo S.

Street Address (P.O. Box Number is Not Acceptable)

16711 Collins Ave. Apt. 807

City

Sunny Isles Beach

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

Signature, typed or printed name of registered agent and title if applicable.

Haroldo S. Silva

4/26/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP	NAME	STREET ADDRESS	CITY - ST - ZIP	DP
	SILVA, HAROLDO S	7000 ISLAND BLVD #1401	AVENTURA, FL 33160	<input type="checkbox"/> Delete	Silva, Haroldo S.	16711 Collins Ave. Apt. 807	Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<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

4/26/05 (305) 945-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #