


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000013543		
1. Entity Name ZAM TRADING CORP.		

FILED
07 JAN -9 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 20100 W. COUNTRY CLUB DR., #1201 AVENTURA, FL 33180	Mailing Address 20100 W. COUNTRY CLUB DR., #1201 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address 3467 SW 170th terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miramar FL	
Zip	Country	Zip 33027	Country EEU

REINSTATEMENT

FD-2007 REINSTATEMENT OR 2E098 (11/05)

4. FEI Number 20-2251015	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UMANA, DORIS 20100 W. COUNTRY CLUB DR., #1201 AVENTURA, FL 33180		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 <i>Doris Umana</i>	DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MUNERA, OSCAR 20100 W. COUNTRY CLUB DR., #1201 AVENTURA, FL 33180 <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	VSD GUTIERREZ, HUGO 20100 W. COUNTRY CLUB DR., #1201 AVENTURA, FL 33180 <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

*12/26/06 01046 0000
\$150.00*

400084734944
01/17/07--01028--009 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.	
SIGNATURE: <i>Osaka M. Mera</i>	Date 6. Eckel JAN 10 2007