## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)								FILED Apr 28, 2003 8:00 am Secretary of State				
DOCUMENT # P94000087567								Se	ecretai	<b>'y o</b> :	t Sta	te
1. Entity Name									4-28-2003 90			
SALCEDO	TRADING C	ORP.										
Principal Place 2828 CORAL SUITE 410	ce of Business WAY		Mailing Address 2828 CORAL WAY SUITE 410									
MIAMI FL 331	45		MIAMI FL 33145									
2. Principal F	Place of Business		3. Mailing Address					i 10011001 110	HURRI MUMUH MUMUH-MURK	BOULT GREAT LA	<u>                                     </u>	itrii ibbi ibbi
Suite, Apt	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 65-0544772 Applied Fo Not Applie			plied For t Applicable	
Zip Country			Zip Cou			itry	!	5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent							7	7. Name and Add	iress of New Re	gistered A	\gent	
SALCEDO, GUILLERMO A							45.0					
2828 COF					Street Addre	ess (P.C 	). Box Number is	Not Acceptable)				
SUITE 410 Miami FL 33145						City					Zio Cada	
City      The above named entity submits this statement for the purpose of changing its registered office or register.							intered	agent or both in	the State of Eleri	FL.	Zip Code	
	tions of registered a		ie puipe	ose of changing its	register	sa office of leg	Sicied	agent, or both, in	the State of Flori	ua, raiiii	arrimar wigit,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of Sta				tate				1	n Campaign Final and Contribution.	ncing		May Be to Fees
10.		OFFICERS AND DIF	RECTOR	RS	11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	D   Salcedo, Guil   2828 Coral W			☐ Delete	TITLE NAM STRE	- 1					☐ Change	☐ Addition
CITY-ST-ZIP TITLE	MIAMI FL 33145	· 				CITY-ST-ZIP TITLE					☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	<u>.</u>		<u> </u>			CITY-ST-ZIP						
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CITY-ST-ZIP	<u> </u>	<del></del>			CITY	-ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAMI						☐ Change	Addition
STREET ADDRESS					•	ET ADDRESS						

12. Thereby 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 list true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee error are 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: W

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-361-1941