

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90183 050 ***150.00

DOCUMENT # P97000057991

1. Entity Name
THE S AND J INTERNATIONAL TRADING, INC.



Principal Place of Business
**5609 W SLIGH AVE
TAMPA, FL 33634**

Mailing Address
**5609 W SLIGH AVE
TAMPA, FL 33634**

50044894



04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3455691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAE, BAEK
5609 W SLIGH AVE
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAE, BAEK 5609 W SLIGH AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAE, HEA 5609 W. SLIGH AVE. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAE, HONG 12427 BRISTOL COMMONS CIRCLE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAE, LEAH 12427 BRISTOL COMMONS CIRCLE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tae Baek
4-25-05