

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90654 050 ***150.00

DOCUMENT # P98000010072

1. Entity Name
C & M GLOBAL TRADING CORP.



Principal Place of Business

**3801 SW 160 AVE
SUITE 105
MIRAMAR, FL 33027**

Mailing Address

**3801 SW 160 AVE
SUITE 105
MIRAMAR, FL 33027**

94080551



2. Principal Place of Business

16728 SW 165th

3. Mailing Address

P.O. Box 825602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33082-5602

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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

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, 2004 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

**PTD
LALL, CHRIS D
8615 NW 190 TERRACE
MIAMI, FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSD
LALL, MICHELLE
8615 NW 190 TERRACE
MIAMI, FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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:

Chris D. Lall

CHRIS D. LALL

4/29/04

954-274-6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #