


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000018464		
1. Entity Name S. & M. TRADING, INC.		

Principal Place of Business 12000 BISCAYNE BLVD #507 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD #507 MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 9999 NE 2ND AVE	3. Mailing Address
Suite, Apt. #, etc. 218	Suite, Apt. #, etc.

City & State MIAMI SHORES FL	City & State
Zip 33138	Country USA

FILED

08 APR 16 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0814337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIARATO, UGO V 12000 BISCAYNE BLVD #507 MIAMI, FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVE # 218 City MIAMI SHORES FL Zip Code 33138
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100124312591 04/18/08--01008--035 **1050.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MARSIGLIA, SIMONE 12000 BISCAYNE BLVD #507 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9999 NE 2ND AVE # 218 MIAMI SHORES FL 33138 <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
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. 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:  04/10/2008 (305) 899.5079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #