2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90194 004 ***158.75

DOCUMENT # P99000028380

1. Entity Name
SOMAR TRADING, INC.

Principal Place of Business	Mailing Address
4801 UNIVERSITY DRIVE STE. 241 FORT LAUDERDALE, FL 33328-3836	4801 UNIVERSITY DRIVE STE. 241 FORT LAUDERDALE, FL 33328-3836

2. Principal Place of Business	3. Mailing Address
4801 S. University Dr.	4801 S. University Dr
Suite, Apt. #, etc. # 219	Suite, Apt. #, etc. # 219
City & State Fort Lauderdale	City & State Fort Lauderdale
Zip 33328-3836 / Country Broward	Zip 33328-3836 / Country Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0921293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONCHA, SONIA
547 BRIDGETON RD
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name Concha, Sonia
Street Address (P.O. Box Number is Not Acceptable) 6228 S.W. 194th Ave.
City Pembroke Pines FL Zip Code 33332

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 Sonia Concha [signature] April 16/03
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, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONCHA, SONIA 547 BRIDGETON RD WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Concha Sonia 6228 S.W. 194th Ave. Pembroke Pines, FL 33332 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Sonia Concha [signature] 04/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #