

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99 000028920*

1. Entity Name

Cms Trading, Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12455 SW 93 TER	3. Mailing Address 12455 SW 93 TER.
Suite, Apt. #, etc. 408	Suite, Apt. #, etc. 408
City & State MIAMI FL	City & State MIAMI FL.
Zip 33186	Country USA
Zip 33186	Country USA

4. FEI Number 65/0970774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name CARLOS MAURTUA		
Street Address (P.O. Box Number is Not Acceptable)		
12455 SW 93 TER SUITE 408		
City MIAMI	FL	Zip Code 33186

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 renaming)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/TS CARLOS MAURTUA 12455 SW 93 TER. SUITE 408 MIAMI, FL. 33186</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *CARLOS MAURTUA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

786 247 4468

Daytime Phone #