


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91893 034 \*\*\*150.00

**2003 FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000038783</b>					
1. Entity Name <b>KAISER INTERNATIONAL TRADING CORP.</b>					
Principal Place of Business <b>401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE MIAMI, FL 33132</b>			Mailing Address <b>401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE MIAMI, FL 33132</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-0918448</b>				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 <b>PEREZ, AKREM A 401 BISCAYNE BLVD #43 BAYSIDE MARKET PLACE MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> \$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	PD PEREZ, ALBERTO 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 <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	VSD PEREZ, AKREM A 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 <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	TD ALONSO, CLEMENTINA 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 <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	SD CLAYTON, STEVEN D 401 BISCAYNE BLVD., #43 BAYSIDE MARKET PL MIAMI, FL 33132 <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		
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 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 507, 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: <i>Laura Luis Valencia</i>			04-29-03 305-3715154		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)