

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S00553

FILED
May 13, 2008
Secretary of State

Entity Name: D & M TRADING ENTERPRISES, INC.

Current Principal Place of Business:

741 D NW 5TH AVE
FT LAUD, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

POB 588
HOLLYWOOD, FL 33022 US

New Mailing Address:

FEI Number: 65-0224808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, COLVILLE
1056 SALMON ISLE
GREEN ACRES, FL 33413 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ DAVID,
Address: 1878 NW 15 AVENUE APT # 5
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: BROWN, COLVILLE,
Address: 1056 SALMON ISLE
City-St-Zip: GREEN ACRES, FL 33413

Title: D T (X) Delete
Name: SMITH AINSLEY,
Address: 48 NE 88TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D S (X) Delete
Name: MALONEY DEON,
Address: 8549 SW 22ND COURT
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HERNANDEZ DAVID,
Address: 1878 NW 15 AVENUE APT # 5
City-St-Zip: MIAMI, FL 33125

Title: VPSD (X) Change () Addition
Name: BROWN, COLVILLE,
Address: 1056 SALMON ISLE
City-St-Zip: GREEN ACRES, FL 33413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A HERNANDEZ

PRES

05/13/2008

Electronic Signature of Signing Officer or Director

Date