

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039313

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: JEMAR TRADING CORP.

## Current Principal Place of Business:

1055 BELLE VISTA AVE  
CORAL GABLES, FL 33156 US

## New Principal Place of Business:

1055 BELLA VISTA AVE  
CORAL GABLES, FL 33156 US

## Current Mailing Address:

1055 BELLA VISTA AVE  
CORAL GABLES, FL 33156 US

## New Mailing Address:

FEI Number: 65-0430573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKRLD INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: DOMINGUEZ, MANUEL G  
Address: 1055 BUENA VISTA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VPD ( ) Delete  
Name: DOMINGUEZ, MAITE Z  
Address: 1055 BUENA VISTA AVENUE  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: DOMINGUEZ, MANUEL G  
Address: 1055 BELLA VISTA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VPD (X) Change ( ) Addition  
Name: DOMINGUEZ, MAITE Z  
Address: 1055 BELLA VISTA AVENUE  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAITE Z. DOMINGUEZ

VPD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date