## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: /

## FILED Feb 18, 2005 08:00 AM Secretary of State

DOCUMENT # P0000036563  1. Entity Name R & J TRADING, INC.			Secretary of State			
Principal Place of Business         Mailing Address           18181 NE 31 COURT #1609         18181 NE 31 COURT #1609           MIAMI, FL 33160         MIAMI, FL 33160					ORAN DONN DONN BENT ORAN DENDE NAVE ONNE! BANG ONGEN MARCE IN FERF	
DO NOT WRITE IN THIS SPACE			CE	02152005 No Chg-P CR2E034 (10/03)  4. FEI Number 65-1007111 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required		
NAMAD, JOEL 18181 NE 31 COURT #1609 MIAMI, FL 33160			DO NOT WRITE IN THIS SPACE			
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, typector or registered agent and title if applicable  (NOTE: Registered Agent signature required whon remstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5	.00 May Be led to Fees	U00000234264	
TO.  TOTLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PST NAMAD, JOEL 18181 NE 31 COURT #1609 MIAMI, FL 33160 VP NAMAD, JOEL 18181 NE 31 COURT #1609 MIAMI, FL 33160	CTORS  -			02/18/05-80014-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				N. ASSE		
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 chapted or on a patient with an address, with all other like empowered.						