

**- 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P00830		
1. Entity Name J.C. TRADING CO. U.S.A., INC.		
Principal Place of Business 2110 US 1 SO ST AUGUSTINE, FL 32086 US	Mailing Address 3669 CRAZY HORSE TR ST AUGUSTINE, FL 32086 US	



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2363806	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOBSON, GEOFFREY B
66 CUNA ST STE B
ST. AUGUSTINE, FL 32084

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2005 Fee will be \$550.00

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	PD WU, CHUN CHING 3669 CRAZY HORSE TRL ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WU, HSIN CHOU 3669 CRAZY HORSE TRL ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WU, GRACE 3669 CRAZY HORSE TRL ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, DAVID 3669 CRAZY HORSE TRL ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, PAUL 3669 CRAZY HORSE TRL ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/05-80025-007 150.00

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/05