5/28

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-28-2002 91748 013 ***150.00

DOCUMENT # P02000017766

1. Entity Name

Jamaican Exotic Traders, Inc

DO NOT WRITE IN THIS SPACE

37618

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2. Principal Place of Business	3. Mailing Address
2280 ISLAND DRIVE Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State
Zip: 33023 Country: BROWARD	Zip: 33023 Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANITA GOODLEIGH

Street Address (P.O. Box Number is Not Acceptable): 2280 ISLAND DRIVE

City: MIRAMAR FL Zip Code: 33023

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARD GOODLEIGH
STREET ADDRESS	2280 ISLAND DRIVE
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	S/T
NAME	ANITA GOODLEIGH
STREET ADDRESS	2280 ISLAND DRIVE
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	V
NAME	ANDRE' GOODLEIGH
STREET ADDRESS	2280 ISLAND DRIVE
CITY-ST-ZIP	MIRAMAR FL 33023
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NAME	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANITA GOODLEIGH 05/12/02 (954)7880810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #