

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90783 019 ***150.00

DOCUMENT # P01000062283	
1. Entry Name 3J'S TRADING CORP.	

Principal Place of Business 2032 NORTHWEST 22ND COURT MIAMI, FL 33142	Mailing Address 2032 NORTHWEST 22ND COURT MIAMI, FL 33142
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14018894

2. Principal Place of Business 10501 NW 7 AVE Suite, Apt. #, etc.	3. Mailing Address 10501 NW 7 AVE Suite, Apt. #, etc.
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03112004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami FL
Zip 33150	Zip 33150
Country	Country

4. FEI Number 65-1116774	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAKNIN, NISSIM 2032 NORTHWEST 22ND COURT MIAMI, FL 33142 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUAKNINE, GILBERT 2032 NORTHWEST 22ND COURT MIAMI, FL 33142 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUAKNINE, NIKKI 2032 NORTHWEST 22ND COURT MIAMI, FL 33142 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANCO, ANA MARIA 2032 NORTHWEST 22ND COURT MIAMI, FL 33142 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Guillermo Toranzo* 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #