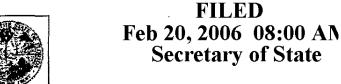
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000075716 1. Entity Name C J L TRADING CORPORATION Principal Place of Business Mailing Address 8355 NW 54TH ST. 8355 NW 54TH ST. MIAMI, FL 33166 MIAMI, FL 33166







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DO NOT WRITE IN THIS CRACE	02162006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For 65-1141822 Not Applied			
	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				
BRADFORD, JAMES N JR. 2100 WEST 76TH ST - STE 211	DO NOT WRITE IN THIS SPACE			
HIALEAH, FL 33016				
8. The above named entity submits this statement for the purpose of changing its registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and acco			

nie obligai	none of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered Ag	ent signatur	e (equired when retreateding)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	g 	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LISBOA, JOSE 11142 NW 72ND TERR MIAMI, FL 33178				Hispinia	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	DST LISBOA, RUTH 11142 NW 72ND TERR MIAMI, FL 33178				ÜQQQQ0441581 N3/03/06-80041-015	5 150.00
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(362/41)-6352 Daytime Phone #