

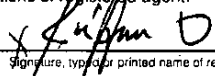
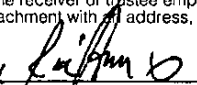


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90026 012 \*\*\*150.00

<b>DOCUMENT # P02000020314</b> 1. Entity Name <b>J.J.E. TRADING, CORP.</b>					
Principal Place of Business <b>8939 N.W. 152 LANE</b> <b>MIAMI, FL 33018</b>				Mailing Address <b>8939 N.W. 152 LANE</b> <b>MIAMI, FL 33018</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>8845 NW 153 TER</b>		3. Mailing Address Suite, Apt. #, etc. <b>8845 NW 153 TER</b>			
City & State <b>MIAMI LAKES</b>		City & State <b>MIAMI LAKES</b>		4. FEI Number <b>35-2161213</b>	
Zip <b>33018</b>		Zip <b>33018</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ACUNA, JOSE A</b> <b>8939 NW 152 LANE</b> <b>MIAMI, FL 33-0189</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>8845 NW 153 TER</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33018</b>	
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  DATE <b>3/2/06</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACUNA, JOSE A 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODWARKER, HERNA VILLALBA 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTAMAR, EVELIS JUDITH A 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACUNA ALTAMAR, ZULEIMA JANETH 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALBA, KAREN PATRICIA R 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALBA, JOSE L. ACUNA 8939 N.W. 152 LANE MIAMI, FL 33018	<input type="checkbox"/> Delete			
12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  DATE <b>3/2/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		