
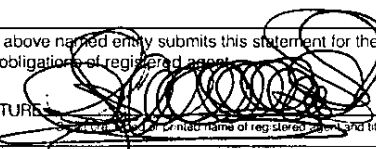
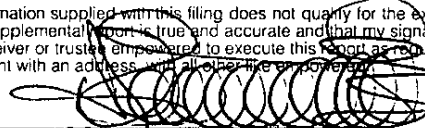


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90237 035 \*\*\*150.00

<b>DOCUMENT # P02000029855</b> 1. Entity Name <b>J &amp; M COTECSA TRADING, INC.</b>																					
Principal Place of Business <b>8060 FAIRVIEW DR APT 202 TAMARAC, FL 33321</b>			Mailing Address <b>8060 FAIRVIEW DR APT 202 TAMARAC, FL 33321</b>																		
2. Principal Place of Business - No P.O. Box # <b>5429 NW 90 Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>5429 NW 90 Avenue</b> <small>Suite, Apt. #, etc.</small>																			
City & State <b>Sunrise, FL</b> Zip <b>33351</b> Country <b>US</b>		City & State <b>Sunrise, FL</b> Zip <b>33351</b> Country <b>US</b>		4. FEI Number <b>01-0635526</b>																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent  <b>LLANOS, VICTOR 8060 FAIRVIEW DR APT 202 TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent Name <b>VICTOR LLANOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5429 NW 90 Avenue</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33351</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:  <b>VICTOR LLANOS PRESIDENT</b> <span style="float: right;">04/30/08</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD LLANOS, VICTOR <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>8060 FAIRVIEW DR APT 202</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMARAC, FL 33321</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	PTD LLANOS, VICTOR <input type="checkbox"/> Delete	NAME	8060 FAIRVIEW DR APT 202	STREET ADDRESS	TAMARAC, FL 33321	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD VICTOR LLANOS <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5429 NW 90 Avenue</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sunrise, FL 33351</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	PTD VICTOR LLANOS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5429 NW 90 Avenue	STREET ADDRESS	Sunrise, FL 33351	CITY-ST-ZIP	
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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 parties on the report.																					
SIGNATURE:  <b>VICTOR LLANOS</b> <span style="float: right;">04/30/08 (754)234-8291</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					