2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000093179

1. Entity Name
J & G EXPORT.CORP

Principal Place of Business
10873 NW 7TH ST.
APT. 21
MIAMI, FL 33172

Mailing Address
10873 NW 7TH ST.
APT. 21
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
55-0796032	Not Applicable

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

6. Name and Address of Current Registered Agent

CONILL, GILBERTO
10873 N.W. 7 ST., APT. 21
MIAMI, FL 33172

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARINTEZ, JESUS
STREET ADDRESS	10825 NW 7TH ST APT. 21
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	CONILL, GILBERTO
STREET ADDRESS	9440 FONTAINEBLEAU BLVD. APT. 305
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80076-025 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   04/4/05 Date   305-203-5264 Daytime Phone #