

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126497

Entity Name: J.B.S. TRADE, CORP.

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

13818 SW 139 CT  
MIAMI, FL 33186

**New Principal Place of Business:**

14025 SW 143 CT  
28  
MIAMI, FL 33186

**Current Mailing Address:**

13818 SW 139 CT  
MIAMI, FL 33186

**New Mailing Address:**

14025 SW 143 CT  
28  
MIAMI, FL 33186

FEI Number: 81-0585007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORES, MARIA L  
4830 SW 147 PL  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

SALINAS, JAVIER  
14025 SW 143 CT  
28  
MIAMI, FL 33186 US

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.

SIGNATURE: JAVIER SALINAS

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLORES, MARIA L  
Address: 4830 SW 147 PL  
City-St-Zip: MIAMI, FL 33185

Title: VD (X) Delete  
Name: SALINAS, JAVIER A  
Address: 4830 SW 147 PL  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SALINS, JAVIER  
Address: 14025 SW 143 CT STE 28  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER SALINAS

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date