

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 041 ***150.00

DOCUMENT # P03000005545

1. Entity Name
J R TRADING OF MIAMI, INC.



Principal Place of Business

**P.O. BOX 278454
MIAMI, FL 33027**

Mailing Address

**P.O. BOX 278454
MIAMI, FL 33027**

2. Principal Place of Business

10020 NW 6th St.

Suite, Apt. #, etc.

3. Mailing Address

10020 NW 6th St.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip **33024**

Country

USA

City & State

PEMBROKE PINES, FL

Zip **33024**

Country

USA

03142004

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1866422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FU, WEI WEN
15336 NW 14TH MANOR
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name

FU, WEI WEN

Street Address (P.O. Box Number is Not Acceptable)

10020 NW 6th St.

City

PEMBROKE PINES

FL

Zip Code

33024

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 **FU, WEI WEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FU, WEI WEN	P.O. BOX 278454 10020 NW 6th St.	MIAMI, FL 33027 PEMBROKE PINES, FL 33024	<input type="checkbox"/>
P	CHEUNG, CHUNG MING	P.O. BOX 278454 10020 NW 6th St.	MIAMI, FL 33027 PEMBROKE PINES, FL 33024	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **FU, WEI WEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04