



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90119 031 ***150.00

DOCUMENT # P03000087096 1. Entity Name J.C.K. WORLD TRADE, INC.					
Principal Place of Business 19390 COLLINS AVENUE APTO. #1617 SUNNY ISLES BEACH, FL 33160			Mailing Address 19390 COLLINS AVENUE APTO. #1617 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business 1440 J.F. Kennedy CSWY Suite, Apt. #, etc. 308		3. Mailing Address 1440 J.F. Kennedy CSWY Suite, Apt. #, etc. 308			
City & State NORTH BAY VILLAGE FL Zip 33141		City & State NORTH BAY VILLAGE FL Zip 33141		4. FEI Number 04-3772778	
Country U.S.A		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INFANTE, JUAN C 19390 COLLINS AVENUE APTO. #1617 SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent Name JUAN C. INFANTE Street Address (P.O. Box Number is Not Acceptable) 19514 E COUNTRY CLUB DR City AVENTURA FL Zip Code 33180		
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 04-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INFANTE, JUAN C 19390 COLLINS AVENUE #1617 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. INFANTE, JUAN C. 19514 E COUNTRY CLUB DR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JUAN C. INFANTE JUAN C. INFANTE 04-29-05 (305) 867-2635 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					