

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90414 043 ***150.00

DOCUMENT # P03000114457

1. Entity Name
JNM TRADING, INC.



Principal Place of Business

12272 NW 33RD ST
SUNRISE, FL 33323

Mailing Address

12272 NW 33RD ST
SUNRISE, FL 33323

94080175

2. Principal Place of Business

2155 NW 79 Avenue

Suite, Apt. #, etc.

3. Mailing Address

2155 NW 79 Avenue

Suite, Apt. #, etc.



04282004

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

75-3133919

Applied For

Not Applicable

Zip

33122

Country

Zip

33122

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRIOS, HERMINIA
12272 NW 33RD ST
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name Landero, Marciana

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

2155 NW 79 Avenue

City

Miami FL

FL

Zip Code

33122

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]

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, 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	PD	<input type="checkbox"/> Delete
NAME	RIVERA, JAIME A	
STREET ADDRESS	12272 NW 33RD ST	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANDERO, MARCIANA	
STREET ADDRESS	12272 NW 33RD ST	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BERRIOS, HERMINIA	
STREET ADDRESS	12272 NW 33RD ST	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JAIME A	
STREET ADDRESS	2155 NW 79 Avenue	
CITY-ST-ZIP	Miami FL, 33122	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDERO, MARCIANA	
STREET ADDRESS	2155 NW 79 Avenue	
CITY-ST-ZIP	Miami FL, 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

04-27-04