2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000114457 1. Entity Name 01-13-2005 90003 013 ***150.00 JNM TRADING, INC. Principal Place of Business Mailing Address 2155 NW 79 AVENUE 2155 NW 79 AVENUE FULAUUUU. MIAMI, FL 33122 MIAMI, FL 33122 %F,/,,,--0013F& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062005 Chg-P City & State Applied For 4. FEI Number City & State 75-3133919 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Fjegistered Agent LANDERO, MARCIAINIA Street Address (P.O. Box Number is Not Acceptable 2155 NW-79 AVENUE MIAMI, FL 33122 Zipo Cogg registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of redistered agent. SIGNATURE. (NOTE: Benistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Delete TITLE TITLE RIVERA, JAIME A NAME NAME 2155 NW 79 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition LANDERO, MARCIANA NAME NAME 2155 NW 79 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CTTY - ST = ZIP. CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 truffled 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:

FILED

Jan 13, 2005 8:00 am

Daytime Phone #