## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000149884** 04-29-2004 90492 001 \*\*\*300.00 1. Entity Name JA TRADING & SERVICES, INC. Principal Place of Business Mailing Address 9662 SW 164TH CT 9662 SW 164TH CT 66416903 MIAMI, FL 33196 Tall and Leave the entry of the MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 90-0129181 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, JAIME A Street Address (P.O. Box Number is Not Acceptable) 9662 SW 164TH CT MIAMI, FL 33196 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE : Delete TITLE Addition ALVAREZ, JAIME A NAMED NAME 14936 SW 104 ST, UNIT 23 STREET ADDRESS STREET ADDRESS? CITY-ST-ZIP MIAMI, FL 33196 -CITY-ST-ZIP TITLE -☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS PITY-ST-7P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 NAM

**FILED**