2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 26, 2008 08:00 AN **DOCUMENT # P05000101675 Secretary of State** 1. Entity Name J.V. TRADE INC. Principal Place of Business Mailing Address 1554 NE 154TH TERRACE 1554 NE 154TH TERRACE N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 No Chg-P CR2E034 (11/05) 03222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0746779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MIRANDA, VICTORIA M DO NOT WRITE 1554 NE 154TH TERRACE N MIAMI BEACH, FL 33162 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent aigneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MLE **PSTD** MIRANDA, VICTORIA M **1554 NE 154TH TERRACE** STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33162 TITLE NAME 000000870105 04/09/08-80078-008 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trustegempowered 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR