

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 024 ***150.00

DOCUMENT # P05000138268					
1. Entity Name JDK UNIVERSAL TRADING, INC.					
Principal Place of Business 6800 NW 84 AVE MIAMI, FL 33166			Mailing Address 6800 NW 84 AVE MIAMI, FL 33166		
2. Principal Place of Business 8170 NW 66 ST		3. Mailing Address 8170 NW 66 ST		40091926 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092006 Chg-P CR2E034 (11/05)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-3610591	
Zip 33164		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAWAIN, GEORGES 6800 NW 84 AVE MIAMI, FL 33166			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME KHAWAIN, JOSE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6800 NW 84 AVE	CITY-ST-ZIP MIAMI, FL 33166		NAME	STREET ADDRESS	
TITLE D	NAME KHAWAIN, GEORGES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6800 NW 84 AVE	CITY-ST-ZIP MIAMI, FL 33166		NAME	STREET ADDRESS	
TITLE D	NAME HOGAR, ELECTRO 21	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ZONA INDUSTRIAL 2 CARRERA 5 CALLE 4	CITY-ST-ZIP BARQUISIMETO EDO LARA VENEZU.		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing 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 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: _____			05-18-06 7863463288		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		