2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 06-20-2003 90030 036 \*\*\*158.75 P93000038147 **DOCUMENT #** 07-28-2003 90140 024 \*\*\*400.00 1. Entity Name J. M. CROSS TRADING CORP. 90147527 Principal Place of Business Mailing Address > DOUGLAS CRUZ **% DOUGLAS CRUZ** 9060 N.W. 14 STREET 9060 N.W. 14 STREET FORT LAUDERDALE FL 33322 FORT LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0440135 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUZ DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 9060 N.W. 14 STREET FORT LAUDERDALE FL 33322 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. AGIGNATURE". Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) Delete TITLE TITLE ☐ Change Addition CRUZ. DOUGLAS NAME NAME 9060 NW 14TH STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition DIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 1171 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 logal 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. RASSCRETAZ OLDOUGLAS CRUZ SIGNATURE:

FILED Jul 28, 2003 8:00 am

Secretary of State