ANNUAL REPORT

FILED 2008 FOR PROFIT CORPORATION Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P94000083910 1. Entity Name J.G. TRADING, INC. Principal Place of Business Mailing Address 7762 NW 46TH ST 7762 NW 46TH ST MIAMI, FL 33166 MIAMI, FL 33166 No Chg-P CR2E034 (11/05) 04072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0548441 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUERRERO, JOSE FRANCISCO 7762 NW 46TH ST UNIT 25 MIAMI, FL 33166 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000894403 Trust Fund Contribution. Added to Fees 04/24/08-80026-015 150.00 OFFICERS AND DIRECTORS 10. TITLE GUERRERO, JOSE FRANCISCO NAME STREET ADDRESS 7762 NW 46TH STREET CITY-ST-ZIP MIAMI, FL 33166 TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 vith all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #