. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2006 08:00 AM Secretary of State

DOCUMENT # P9700096460 1. Errity Name J & C MIAMI TRADING GROUP, CORP.						Secretary of State				
Principal Place	e of Busine	ss . M	alling Address	<u> </u>		₫			. '	
6621 NW 84TH AVE MIAMI, FL 33166		6621 NW 84TH AVE MIAMI, FL 33166					en en eksterne err	, -	•	
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2. Principal Pl	tace of Bus 	iness 3. Malling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Number 65-0793				plied For t Applicable
Zlp		Country	Zip	Country		5. Certificate of	il Status Desired		B.75 Add	itional
	6. Nam	e and Address of Current Regis	tered Agent			7. Name and	ddress of New R	legistered Ag	ent	
CUEC ***	. D.A GE				Name					
GUBO, MARIA CE 18911 COLLINS A					Street Address (P.O. Box Number is Not Acceptable)					
906 SUNNY ISLES, FL		33160		Ī						
					City			FL	Zip Cod	e .
8. The above	nemed ent	ity submits this statement for the patered agent.	ourpose of changing its	registered	d office or registe	ered agent, or both	, in the State of Fig	orida (am fan	nllar with,	and accept
SIGNATURE_	Signature, type	d or printed name of registered egent and little	fiapplicable (NOT)	– F Rogisterad	Agem signature require	d when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·
After Ma	E NOW!!! ky 1, 200	FEE IS \$150.00 16 Fee will be \$550.00	9. Election Campal Trust Fund Conti		ing \$5	.00 May Be ded to Fees				
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTOR	11 NI
TITLE NAME	VP GUBO, N	ADIA C	☐ Delete	TITLE	Ì				☐ Change	Addition
STREET ADDRESS	18911 C	OLLINS AVE # 906			ADDRESS		Unanan	433928		
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NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME		÷ ,	☐ Delete	NAME Street					Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		÷ .	•	NAME STREET CITY-S TITLE NAME	T ADORESS				9 1,000	

12. (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 eath, 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:

Maria Cerilea Milan AGMATINE AND TYPED OR PHINTED HAVE OF SIGNALD OFFICED CAR DIRECTOR 1 2/8/06 1 305 463 - 939 Date | Daytore Phone +