



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000009487 1. Entity Name J.S.C.O. TRADING CORP.	
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Principal Place of Business 169 EAST FLAGLER STREET SUITE 1527 MIAMI, FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE 1527 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

	
04102005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0902490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, DISNEY D 169 EAST FLAGLER STREET SUITE 1527 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHULIA, JORGE 169 EAST FLAGLER STREET SUITE 1527 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHULIA, MARIA CAROLINA 169 EAST FLAGLER STREET SUITE 1527 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WILHITE, PAUL R 169 E FLAGLER STREET STE 1527 MIAMI, FL 33131
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04/15/05-80050-023 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:  <u>Jorge Chulia</u> <u>4/15/05</u>	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		