

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000106105

1. Entity Name
JCR TRADING CORPORATION



**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90116 017 ***150.00

Principal Place of Business
3028 NW 28TH TERR
BOCA RATON, FL 33434

Mailing Address

3028 NW 28TH TERR
BOCA RATON, FL 33434

2. Principal Place of Business
3091 S.E. JAY ST.
Suite, Apt. #, etc.
9C MJ SPOHN, ACCOUNTANT

3. Mailing Address
300 ORISKANY BLVD

Suite, Apt. #, etc.

City & State
STUART, FL

City & State
YORKVILLE, NY

Zip 13495 Country USA

04282005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0967199

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, JEFFREY
3028 NW 28TH TERR
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

3091 S.E. JAY ST

9C MJ SPOHN ACCOUNTANT

City

STUART

FL Zip Code
34997

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

(NOTE: Registered Agent signature required when reinstating)

4/30/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUBIN, JEFFREY 3028 NW 28TH TERR BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3091 S.E. JAY ST. STUART FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Jeffrey Rubin* JEFFREY RUBIN 4/30/05 315-768-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #