2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79203

Title:

Name:

Address:

City-St-Zip:

DVS

JECKELL, SIMON,

BOCA RATON, FL

4599 NW 25TH WAY

() Delete

Entity Name: JC TRADING, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1001 WEST NEWPORT CENTER DR SUITE 111 DEERFIELD BEACH, FL 33442 **New Mailing Address: Current Mailing Address:** 1001 WEST NEWPORT CENTER DR SUITE 111 DEERFIELD BEACH, FL 33442 FEI Number: 65-0282666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLOOMGARDEN, PAUL M. 8551 W SUNRISÉ BLVD BARNETT MORTGAGE CENTER SUITE 100A FT LAUDERDALE, FL 33322 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GOZLAN, CLAUDE, Name: Name: 4545 NORTH OCEAN BLVD SUITE 5A Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: DPT Title: () Delete () Change () Addition Name: GOZLAN, ALBERT, Name: 1699 SW 20TH AVE Address: Address: BOCA RATON, FL 33406 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GOLDMAN, ELI, Name: Name: 6262 VIA PALADIUM Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DVS

JECKELL, SIMON,

4599 NW 25TH WAY

BOCA RATON, FL 33434

(X) Change () Addition

SIGNATURE: SIMON JECKELL VP 03/25/2009