
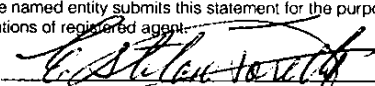
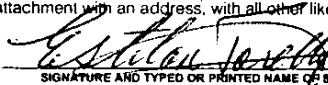


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90030 026 ***150.00

DOCUMENT # S98079 1. Entity Name J.T. TRADING, INC.			
Principal Place of Business 16255 SW 27 ST HOLLYWOOD, FL 33027		Mailing Address 16255 SW 27 ST HOLLYWOOD, FL 33027	
2. Principal Place of Business - No P.O. Box # 211 CLOVERDALE RD		3. Mailing Address 211 CLOVERDALE RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WINTER HAVEN FL		City & State WINTER HAVEN FL	
Zip 33884		Zip 33884	
Country USA		Country USA	
4. FEI Number 65-0308280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORELLO, ESTEDAN 16255 SW 27 ST HOLLYWOOD, FL 33027		7. Name and Address of New Registered Agent Name: TORELLO ESTEDAN Street Address (P.O. Box Number is Not Acceptable) 211 CLOVERDALE RD City: WINTER HAVEN FL Zip Code: 33884	
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: 		DATE: 1/12/07	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME TORELLO, ESTEBAN	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16255 SW 27 ST	211 CLOVERDALE RD		
CITY-ST-ZIP HOLLYWOOD, FL 33027	WINTER HAVEN, FL 33884		
TITLE S	NAME TORELLO, EVELYN	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16255 SW 27 ST	211 CLOVERDALE RD		
CITY-ST-ZIP HOLLYWOOD, FL 33027	WINTER HAVEN, FL 33884		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.			
SIGNATURE: 		DATE: 1/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 863-969-4674	