


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90007 016 ***150.00

DOCUMENT # P04000072342

1. Entity Name
JAGUAR GROVE PROPERTY, INC.



Principal Place of Business **Mailing Address**
2811 EMATHLA STREET 2811 EMATHLA STREET
MIAMI, FL 33133 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1124682 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	
KLEIN, BRENT D 2 ALHAMBRA PLAZA, PH-II B CORAL GABLES, FL - 33134		Name Brent D. Klein	
		Street Address (P.O. Box Number is Not Acceptable) Suite 1900	
		701 Brickell Avenue	
		City Miami	FL Zip Code 33131

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: *Brent D. Klein* DATE: January 23, 2007

Signature, typed or printed name of registered agent and title if applicable. (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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL RIVERO, EDUARDO 2811 EMATHLA STREET MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Eduardo del Rivero 2811 Emathla St., Miami, Fl 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Eduardo del Rivero* Date: JAN 28, 07 Daytime Phone #: 305-666-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #