


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005228</b>	
<b>1. Entity Name</b> JIMLAR CORPORATION	

<b>Principal Place of Business</b> 160 GREAT NECK ROAD GREAT NECK NY 11021	<b>Mailing Address</b> 160 GREAT NECK ROAD GREAT NECK NY 11021
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE FL 32301	

<b>4. FEI Number</b> 13-2518380	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>C</b> <input type="checkbox"/> Delete
<b>NAME</b>	TARICA, JAMES
<b>STREET ADDRESS</b>	160 GREAT NECK ROAD
<b>CITY-ST-ZIP</b>	GREAT NECK NY 11021
<b>TITLE</b>	<b>VCP</b> <input type="checkbox"/> Delete
<b>NAME</b>	TARICA, LAURENCE
<b>STREET ADDRESS</b>	160 GREAT NECK ROAD
<b>CITY-ST-ZIP</b>	GREAT NECK NY 11021
<b>TITLE</b>	<b>DS</b> <input type="checkbox"/> Delete
<b>NAME</b>	BROWN, ALAN I
<b>STREET ADDRESS</b>	1140 AVENUE OF THE AMERICAS, 20TH FLOOR
<b>CITY-ST-ZIP</b>	NEW YORK NY 10036
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete
<b>NAME</b>	DESTEFANO, VINCENT
<b>STREET ADDRESS</b>	160 GREAT NECK ROAD
<b>CITY-ST-ZIP</b>	GREAT NECK NY 11021
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete
<b>NAME</b>	VIGNOLA, FRANK A
<b>STREET ADDRESS</b>	160 GREAT NECK ROAD
<b>CITY-ST-ZIP</b>	GREAT NECK NY 11021
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	U000000052687
<b>STREET ADDRESS</b>	02/16/04-80102-006 150.00
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Frank A. Vignola, Vice Pres.* *2/16/04* *(516) 829-1717*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #