

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005228

1. Entity Name
JIMLAR CORPORATION



Principal Place of Business
**160 GREAT NECK ROAD
GREAT NECK, NY 11021**

Mailing Address
**160 GREAT NECK ROAD
GREAT NECK, NY 11021**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2518380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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)

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

TITLE	C
NAME	TARICA, JAMES
STREET ADDRESS	160 GREAT NECK ROAD
CITY - ST - ZIP	GREAT NECK, NY 11021
TITLE	VCP
NAME	TARICA, LAURENCE
STREET ADDRESS	160 GREAT NECK ROAD
CITY - ST - ZIP	GREAT NECK, NY 11021
TITLE	DS
NAME	BROWN, ALAN I
STREET ADDRESS	1140 AVENUE OF THE AMERICAS, 20TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	V
NAME	DESTEFANO, VINCENT
STREET ADDRESS	160 GREAT NECK ROAD
CITY - ST - ZIP	GREAT NECK, NY 11021
TITLE	T
NAME	VIGNOLA, FRANK A
STREET ADDRESS	160 GREAT NECK ROAD
CITY - ST - ZIP	GREAT NECK, NY 11021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000355020
05/03/05-80130-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #