2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004645

1. Entity Name
JAGRO LOS ANGELES, INC.

Principal Place of Business	Mailing Address
2650 NW 89TH COURT MIAMI, FL 33172	2650 NW 89TH COURT MIAMI, FL 33172

U00000368002
05/23/05-80009-016 150.00

(F04000004645P)

DO NOT WRITE IN THIS SPACE

05102005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-4814026
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WADLER, GLENN
2650 NW 89TH COURT
MIAMI, FL 33172

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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
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YESCHIN, NEIL
STREET ADDRESS	23039 PARK PRIVADO
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	S
NAME	JAISLI, JOHN
STREET ADDRESS	6 ORCHID LANE
CITY-ST-ZIP	BRICK, NJ 08724
TITLE	TC
NAME	GROB, GERHARD
STREET ADDRESS	1064 RAMAPO VALLEY ROAD
CITY-ST-ZIP	MAHWAH, NJ 07430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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