


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 25 AM 9:14

DOCUMENT # F 77153	
1. Entity Name JAR INVESTORS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12650 S.W. 15 STREET	3. Mailing Address P.O. BOX 278425
Suite, Apt. #, etc. 114	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL.	City & State MIRAMAR
Zip 33027	Country

4. FEI Number 59-2203251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name AYRA, XIOMARA	
Street Address (P.O. Box Number is Not Acceptable) 12650 S.W. 15 STREET # 114	
City PEMBROKE PINES	FL Zip Code 33027


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.

600054230866
05/10/05--01048--017 **150.00

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AYRA, XIOMARA 12650 S.W. 15 STREET # 114 PEMBROKE PINES, FL 33027	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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	XIOMARA AYRA	4/19/05	(954) 435-9977
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)