


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 022 ***150.00

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

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40079355

CR2E034B (8/05)

2. Principal Place of Business 12650 S.W. 15th. Street Suite, Apt. #, etc. 114	3. Mailing Address P.O. Box 278425 Suite, Apt. #, etc.
City & State Pembroke Pines, Fla.	City & State Miramar, Fla.
Zip 33027 Country	Zip 33027 Country

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

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE	PSTD	TITLE	
NAME	Ayra, Xiomara	NAME	
STREET ADDRESS	12650 S.W. 15 Street # 114	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fla. 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		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 04-24-06 954- 435-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone #