


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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 022 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14509 S.W. 33 Court	3. Mailing Address P.O. Box 278425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miramar, Fla.	City & State Miramar, Fla.
Zip 33027	Zip 33027
Country	Country

40092855

CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2203251		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	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 re-registering) **DATE** _____

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	PSTD AYRA, XIOMARA		
STREET ADDRESS	7124 S.W. 22 Street	STREET ADDRESS	
CITY-ST-ZIP	Miramar, Florida 33155	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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** **4/23/07** **(954) 435-9977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Day, Month, Year #