


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90404 020 \*\*\*150.00

**DOCUMENT # K18347.**

1. Entity Name  
**JORGAR CORP.**



Principal Place of Business      Mailing Address

**169 E FLAGLER**      **169 E FLAGLER**  
~~1620~~      **SUITE 1600**  
**MIAMI FL 33131**      **MIAMI FL 33131**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

**169 E FLAGLER ST.**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**1600**

City & State      City & State

**Miami, FL.**

Zip      Country      Zip      Country

**33131**      **DADE**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**65-0040190**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT**  
**111 SW 3**  
**6 FL.**  
**MIAMI FL 33130**

7. Name and Address of New 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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDENFELD, JUDITH	
STREET ADDRESS	169 E. FLAGLER 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDENFELD, MARTIN	
STREET ADDRESS	169 E. FLAGLER 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LINDENFELD, DANYA	
STREET ADDRESS	169 E. FLAGLER 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINDENFELD, ELSA	
STREET ADDRESS	169 E. FLAGLER 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RESSLER, GARY	
STREET ADDRESS	169 E. FLAGLER 1600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Danya Lindenfeld**      4/14/04      305 374 3677

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