


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K18347**  
 1. Entity Name  
**JORGAR CORP.**



Principal Place of Business 169 E FLAGLER ST. MIAMI, FL 33131 US	Mailing Address 169 E FLAGLER SUITE 1600 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0040190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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)

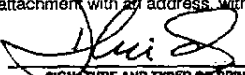
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000257220 03/09/05-80044-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, JUDITH 169 E. FLAGLER 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDENFELD, MARTIN 169 E. FLAGLER 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LINDENFELD, DANYA 169 E. FLAGLER 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDENFELD, ELSA 169 E. FLAGLER 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RESSLER, GARY 169 E. FLAGLER 1600 MIAMI, FL 33131
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:**  **Danya Lindenfeld** **3/1/05** **305 374 3677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #