
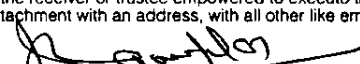


FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 022 ***550.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000101030			
1. Entity Name JAYARR IMPORT EXPORT INC			
Principal Place of Business 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614		Mailing Address 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614	
2. Principal Place of Business 2451 MC MULLEN BOOTH RD Suite, Apt. #, etc. 200		3. Mailing Address 2451 MC MULLEN BOOTH RD Suite, Apt. #, etc. 200	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33759		Country USA	
4. FEI Number 59-3681249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LALWANI, JIWAT 5455 BLUE HERON LN SADDLE BROOK WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name JAI BHAGWAN GUPTA Street Address (P.O. Box Number is Not Acceptable) 2451 MC MULLEN BOOTH RD SUITE 200 City CLEARWATER FL Zip Code 33759	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUPTA, J B 198 ADEKENE ADEYUN 5,P.O. BOX 2270 VICTORIA ISLAND, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2451 MC MULLEN BOOTH RD SUITE 200 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALWANI, J S 5455 BLUE HERON LN WESLEY CHALER, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		6/14/06 (813)270-9076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	