

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90052 027 ***150.00

DOCUMENT # P00000101030 1. Entity Name JAYARR IMPORT EXPORT INC			
Principal Place of Business 2451 MCMULLEN BOOTH RD SUITE 200 CLEARWATER, FL 33759		Mailing Address 2451 MCMULLEN BOOTH RD SUITE 200 CLEARWATER, FL 33759	
2. Principal Place of Business - No P.O. Box # 2451 MCMULLEN BOOTH RD Suite, Apt. #, etc. 250		3. Mailing Address 2451 MCMULLEN BOOTH RD Suite, Apt. #, etc. 250	
City & State CLEARWATER FL Zip 33759		City & State CLEARWATER FL Zip 33759	
Country USA		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 GUPTA, JAI B 2451 MCMULLEN BOOTH RD STE 200 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name GUPTA, JAI B. Street Address (P.O. Box Number is Not Acceptable) 2451 MCMULLEN BOOTH RD STE 250 City CLEARWATER	
State 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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME GUPTA, J.B. STREET ADDRESS 2451 MCMULLEN BOOTH RD STE 200 CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME GUPTA, J.B. STREET ADDRESS 2451 MCMULLEN BOOTH RD STE 250 CITY-ST-ZIP CLEARWATER, FL 33759.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME VINEET GUPTA STREET ADDRESS 2451 MCMULLEN BOOTH RD STE 250 CITY-ST-ZIP CLEARWATER, FL 33759.	<input checked="" 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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/6/07	
Daytime Phone # 1813-270-9076			