## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2006 8:00 am Secretary of State **DOCUMENT # P01000083112** 05-05-2006 90162 039 \*\*\*150.00 JARBERTH, INC. Principal Place of Business Mailing Address 13200 EMERALD COAST 13200 EMERALD COAST APT. 202 APT. 202 ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3742302 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARIAS, JORGE 1 Street Address (P.O. Box Number is Not Acceptable) 13200 EMERALD COAST APT. 202 ORLANDO, FL 32824 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE DP DΡ TITI F □ Delete ARIAS, Jorge | COAST APT 202 ARIAS, JORGE I NAME NAME STREET ADDRESS 2117 POLO CLUB DR, APT 102 STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP Arias Bertha C. AlChange 13200 Emerald Coast apt 202 D 5 TITLE ☐ Delete TITLE D.S ARIAS, BERTHA C NAME NAME STREET ADDRESS 2117 POLO CLUB DR, APT 102 STREET ADDRESS or lando, 21 32824 CITY-ST-ZiP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4/26/06

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FILED