2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000030280

1. Entity Name
SSS JAGUAR, INC.

Principal Place of Business	Mailing Address
1305 HOLLY GLEN RUN APOPKA, FL 32703	1305 HOLLY GLEN RUN APOPKA, FL 32703

03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3616373
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVARADO, JORGE
1305 HOLLY GLEN RUN
APOPKA, FL 32703

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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 individual and capacity, if applicable) NOTE: Registered Agent signature required when changing

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000671876
03/28/07-80047-001 163.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALVARADO, JORGE
STREET ADDRESS	1305 HOLLY GLEN RUN
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VD
NAME	ALVARADO, KEILA P
STREET ADDRESS	1305 HOLLY GLEN RUN
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #