2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

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1. Entity Nam	ie	#P02000039 JARE COMMERCIA	989 AL CORPORATION			Auro	05-02-2006	5 90429	0 025 ***1	58.75
Principal Place of Business Mailing Address						- 4000	0020			
1023 N.W. 3RD AVENUE			1023 N.W. 3RD AVENUE			•				
1023 N.W. 3RD AVENDE MIAMI, FL 33136			MIAMI, FL 33136			· · ·	٠			
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2. Principal Place of Business			3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262006	Ch- D	0005	004 (44/0E)		
					04202000	Chg-P	CRZE	034 (11/05)		
City & State		City & State		4. FEI Numb	er		Ap	plied For		
,					09-369	3095		No	t Applicable	
Zip	Zip Country		Zip Coun		try		400 . 5	~	\$8.75 Add	litional
· ·		ŕ				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
<u> </u>	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered	Agent	-
<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>		Name					
YUKEN, S.	ALOMON									
1023 N.W. 3RD AVENUE			Street Address		tress (P.O. Box Numb	er is Not Acceptable)			
MIAMI, FL 33136										
					City				Zip Cod	
;					J.1.,			FI		•
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of Flo	rida. Lan	n familiar with,	and accept
the obligat	tions of regist	tered agent.								
1										
SIGNATURE.										
]	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT)	E: Registere	Agent signature	required when reinstating)		DATE	, ,, 	
	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	d Agent signature	required when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling 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 ecturate a per 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 languagement.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNIN

SALOMON WKEN

N 4/

28/06 30/3744412 Date Daysime Prope # 3