


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90347 016 ***150.00

DOCUMENT # P02000102992 1. Entity Name JAGUAR EXPRESS, INC.					
Principal Place of Business 9911 W OKEECHOBEE RD APTO 310 HIALEAH GARDENS, FL 33016				Mailing Address 9911 W OKEECHOBEE RD APTO 310 HIALEAH GARDENS, FL 33016	
2. Principal Place of Business 18940 NW 86TH Ave.		3. Mailing Address 18940 NW 86TH Ave.			
Suite, Apt. #, etc. Suite # 3601		Suite, Apt. #, etc. Suite # 3601			
City & State Miami Florida		City & State Miami Florida			
Zip 33015		Country U.S.A.		Zip 33015	
Country U.S.A.		4. FEI Number 16-1630351			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MENDOZA, JOSE J 9911 W OKEECHOBEE RD APTO 310 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name MENDOZA, Jose J. Street Address (P.O. Box Number is Not Acceptable) 18940 NW 86TH Ave. Unit 3601 City Miami FL Zip Code 33015		
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 <i>Jose Jose Mendoza</i> 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 MENDOZA, JOSE J 9911 W OKEECHOBEE RD APTO 310 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mendoza, Jose J. 18940 NW 86TH Ave #3601 Miami FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, MYRIAN 9911 W OKEECHOBEE RD APTO 310 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vargas, Myriam 18940 NW 86TH Ave #3601 Miami FL 33015	<input checked="" 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: <i>Myriam Vargas</i> 4-21-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Vireparichat</i> 305 829 1842 <small>Date Daytime Phone #</small>		