
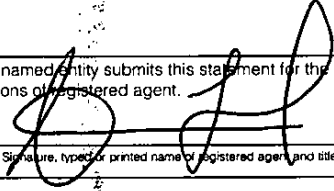
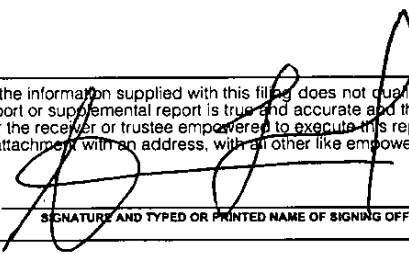


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90030 021 ***150.00

DOCUMENT # P02000103245 1. Entity Name JAGUAR SYSTEMS INTERNATIONAL, CORP.					
Principal Place of Business 8532 NW 66 ST MIAMI, FL 33166			Mailing Address 8532 NW 66 ST MIAMI, FL 33166		
2. Principal Place of Business 8420 Byron AV. Suite, Apt. #, etc. 15		3. Mailing Address P.O. Box 190300 Suite, Apt. #, etc.			
City & State Miami		City & State Miami, FL		4. FEI Number 04-3746531	
Zip FL 33140		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALES YEP, MIRTHA C 8532 NW 66ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Mirtha C. Gonzales Street Address (P.O. Box Number is Not Acceptable) 8420 Byron Avenue Suite 15 City Miami FL Zip Code 33140		
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 1/19/2006	
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	DP GONZALES YEP, MIRTHA C 8532 NW 66 ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mirtha C. Gonzales 8420 Byron Avenue; Suite 15 Miami, FL 33140 <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		
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		
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 1/19/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 786-487-2820	