

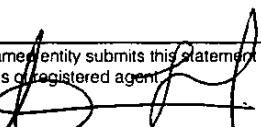
**-- 2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000103245		
1. Entity Name JAGUAR SYSTEMS INTERNATIONAL, CORP.		

Principal Place of Business 6571 NW 82 AVE MIAMI, FL 33166	Mailing Address 6571 NW 82 AVE MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 190300
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami
Zip	Country FL 33119 PEUV

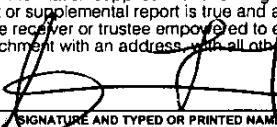
6. Name and Address of Current Registered Agent GONZALES, MIRTHA C 6571 NW 82 AVE MIAMI, FL 33166	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)	
DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALES, MIRTHA C 6571 NW 82 AVE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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**FILED
Apr 23, 2008 8:00 am
Secretary of State**

04-23-2008 90024 018 ***150.00

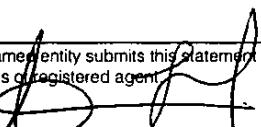


04012008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3716531	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 reinstating)	
DATE	

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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4/Abri/2008