2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2006 90094 034 ***150.00

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DOCUMENT # P02000127449

1. Entity Name
JACCAR HOLDING GROUP, INC.

06 JUL -7 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
801 SW 26 RD. MIAMI, FL 33129 US	~~801 SW 26 RD.~~ ~~MIAMI, FL 33129 US~~ P.O Box 348411 Coral Gables FL. 33234.

04262006 No Chg-P CR2E034 (11/05)

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4 FEI Number
02-0654513

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D-CHARLES, JACQUES
801 SW 26 RD
MIAMI, FL 33126

~~P.O Box 348411~~
~~CORAL GABLES FL~~
~~33234~~

DO NOT WRITE IN THIS SPACE

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: Carlota Chumi

(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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	D-CHARLES, JACQUES
STREET ADDRESS	801 SW 26 RD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VT
NAME	CHUMY, CARLOTA
STREET ADDRESS	801 SW 26 RD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Carlota Chumi 6-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #