

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000069575

1. Entity Name
JARA INVESTMENTS, INC.



Principal Place of Business
3335 N. UNIVERSITY DRIVE
STE 2
DAVIE, FL 33024

Mailing Address
3335 N. UNIVERSITY DRIVE
STE 2
DAVIE, FL 33024



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0475144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, RICHARD A
3335 N. UNIVERSITY DRIVE
STE 2
DAVIE, FL 33024

**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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, RICHARD
STREET ADDRESS 3335 N. UNIVERSITY DRIVE STE 2
CITY-ST-ZIP DAVIE, FL 33024

TITLE VM
NAME WILLIAMS, JODY
STREET ADDRESS 3335 N. UNIVERSITY DRIVE STE 2
CITY-ST-ZIP DAVIE, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000646787
03/06/07-80046-009 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07 954-558-0369
Date Daytime Phone #