2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State
04-29-2005 90274 047 ***150.00

66022960

DOCUMENT # P03000084898

1. Entity Name
JAIGUER INTERNATIONAL INC.

Principal Place of Business	Mailing Address
3445 PINEWALK DR N #205 MARGATE, FL 33063	3445 PINEWALK DR N #205 MARGATE, FL 33063

2. Principal Place of Business		3. Mailing Address	
1975 E. Sunrise Blvd		1975 E. Sunrise Blvd	
Suite, Apt. #, etc. Suite 820		Suite, Apt. #, etc. Suite 820	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country USA	Zip 33304	Country USA.

04132005 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 72-1582400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAIMES, ORLANDO F 3445 PINEWALK DR N #205 MARGATE, FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) 1975 E. Sunrise Blvd Ste 820 City Fort Lauderdale, FL Zip Code 33304

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 X Orlando F. Jaimes 4/13/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P JAIMES, ORLANDO F 3445 PINEWALK DR N #205 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jaimes, Orlando 1975 E. Sunrise Blvd Ste 820 Fort Lauderdale, FL. 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Orlando F. Jaimes 4/13/05 954-728-8982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #