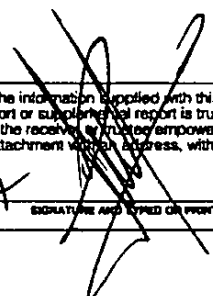


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-29-2005 90274 047 ***150.00

DOCUMENT # P03000084898			
1. Entity Name JAIGUER INTERNATIONAL INC.			
Principal Place of Business 3445 PINEWALK DR N #205 MARGATE, FL 33063		Mailing Address 3445 PINEWALK DR N #205 MARGATE, FL 33063	
2. Principal Place of Business 1975 E. Sunrise Blvd		3. Mailing Address 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	
4. FEI Number APPLIED FOR 72-1582400		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JAIMES, ORLANDO F 3445 PINEWALK DR N #205 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name 1975 E. Sunrise Blvd Street Address (P.O. Box Number is Not Acceptable) 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 		Orlando F. Jaimes 4/13/05 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	Jaimes, Orlando ☒ Change ☐ Addition 1975 E. Sunrise Blvd Ste 820 Fort Lauderdale, FL. 33304
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Orlando F. Jaimes 4/13/05 954-728-8982 Date Daytime Phone #	