2006 FOR PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2006 90355 028 ***150.00 DOCUMENT # P03000084898 1. Entity Name JAIGUER INTERNATIONAL INC. してたいかいひょ Principal Place of Business Mailing Address 1975 E SUNRISE BLVD 1975 E SUNRISE BLVD SUITE 820 SUITE 820 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 Sunrise Blud 5 E. Sunrise Blud 04172006 Chq-P CR2E034 (11/05) 4. FEI Number Applied For 72-1582400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAIMES, ORLANDO F 1975 E SUNRISE BLVD SUITE \$20 FORT LAUDERDALE, FL 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 registe SIGNATURE_ of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mt 🐫 " ☐ Delete TITLE NAME " JAIMES, ORLANDO F 1975 E. Sunrise Blid NAME STREET ADDRESS 1975 E'SUNRISE BLVD, SUITE 820 STREET ADDRESS Lauderdale, FL. 33304 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP ME 7 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _}

FILED