

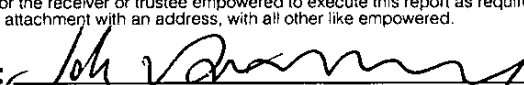


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90101 020 ***150.00

DOCUMENT # P04000037934 1. Entity Name JJVAR, INC.			
Principal Place of Business 1868 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689		Mailing Address 1868 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689	
2. Principal Place of Business 744 Ancloct Rd Suite, Apt. #, etc.		3. Mailing Address 744 Ancloct Rd Suite, Apt. #, etc.	
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL	
Zip 34689		Zip 34689	
4. FEI Number 20-0806751		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Varvaressos, John Street Address (P.O. Box Number is Not Acceptable) 744 Ancloct Rd City Tarpon Springs FL Zip Code 34689	
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  (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. <input type="checkbox"/> \$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 VARVARESSOS, JOHN 1868 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:  JOHN VARVARESSOS ^{President} SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	