

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 025 ***150.00

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01042005 Chg-P CR2E034 (10/03)

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|---|---------------------------------|---|---|---|--|
| DOCUMENT # P04000072342 1. Entity Name JAGUAR GROVE PROPERTY, INC. | | | | | |
| Principal Place of Business 2 ALHAMBRA PLAZA, PH-II B CORAL GABLES, FL 33134 | | | Mailing Address 2 ALHAMBRA PLAZA, PH-II B CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business 2811 Brathla Street Suite, Apt. #, etc. | | 3. Mailing Address 2811 Brathla Street Suite, Apt. #, etc. | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 20-1124682 | |
| Zip 33133 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KLEIN, BRENT D 2 ALHAMBRA PLAZA, PH-II B CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 re-registering) 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 D NAME DEL RIVERO, EDUARDO STREET ADDRESS 2 ALHAMBRA PLAZA, PH-II B CITY-ST-ZIP CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | TITLE P/D NAME Eduardo del Rivero STREET ADDRESS 2811 Brathla Street CITY-ST-ZIP Miami, FL 33133 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: Eduardo del Rivero, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 309-666-2101 Daytime Phone # | | |