## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000119056

Entity Name: JARAT (USA), INC

FILED Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

880 SW ST. LUCIE WEST BLVD 880 SW ST. LUCIE WEST BLVD PORT LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

**Current Mailing Address: New Mailing Address:** 

880 SW ST. LUCIE WEST BLVD 880 SW ST. LUCIE WEST BLVD PORT LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

FEI Number: 47-0967017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HAMBIDGE, SUSAN HAMBIDGE, SUSAN 880 SW ST. LUCIE WEST BLVD 880 SW ST. LUCIE WEST BLVD PORT LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

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.

SIGNATURE: SUSAN HAMBIDGE 04/28/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete HAMBIDGE, SUSAN Name:

880 SW ST. LUCIE WEST BLVD Address: City-St-Zip: PORT LUCIE, FL 34986

Title: VD () Delete HAMBIDGE, DEREK Name:

Address:

880 SW ST. LUCIE WEST BLVD PORT LUCIE, FL 34986 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

HAMBIDGE, SUSAN Name:

880 SW ST. LUCIE WEST BLVD Address: City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD (X) Change ( ) Addition

HAMBIDGE, DEREK Name:

Address: 880 SW ST. LUCIE WEST BLVD PORT ST. LUCIE, FL 34986 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HAMBIDGE PD 04/28/2007