

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 022 ***150.00

DOCUMENT # P04000121554 1. Entity Name JAR MULTIPLE SERVICES, INC.					
Principal Place of Business 3511 NW 8TH AVE. STE. 8 POMPAÑO BEACH, FL 33064			Mailing Address 3511 NW 8TH AVE. STE. 8 POMPAÑO BEACH, FL 33064		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-1545007	
Zip 		Country 		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 SAINT-PREUX, ROLEX 3511 NW 8TH AVE. STE. 8 POMPAÑO BEACH, FL 33064			7. Name and Address of New Registered Agent Name <i>Ro/er Saint-Preux</i> Street Address (P.O. Box Number is Not Acceptable) <i>3511 NW 8th Ave #8</i> City <i>Pompano Beach</i> FL Zip Code <i>33064</i>		
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 <i>[Signature]</i> <i>Ro/er Saint-Preux</i> <i>04-30-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D SAINT-PREUX, ROLEX 3511 NW 8TH AVE. STE. 8 POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEN-AIME, AMSTER 3511 NW 8TH AVE. STE. 8 POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, JEAN-RICHEMOND 3511 NW 8TH AVE., STE. 8 POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, GERARD 3511 NW 8TH AVE., STE. 8 POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <i>04-30-06</i> <i>954-582-5058</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					