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JORGAR CORPORATION

PAGE 02

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 26 PM 1:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

04/13/05 90057027150



DOCUMENT # P04000126618			
1. Entity Name JCL VENTURES CORP.			
Principal Place of Business 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131		Mailing Address 169 E. FLAGLER STREET SUITE 1600 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 66-0611095		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 ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 120 CORAL GABLES, FL 33148		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 a resident of the State of Florida, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Resident, holder or person name of registered agent and the 7 territories. (Florida Registered Agent signature required after 4/1/05)</small>			
FILE NOW! FEE IS \$150.00 After May 4, 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PO	LINDENFELD, DANYA	169 E. FLAGLER STREET	MIAMI, FL 33131
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VO	LINDENFELD, MARTIN	169 E. FLAGLER STREET	MIAMI, FL 33131
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SO	RESSLER, GARY	169 E. FLAGLER STREET	MIAMI, FL 33131
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	RESSLER, YVON	169 E. FLAGLER STREET	MIAMI, FL 33131
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LINDENFELD, ELSA	169 E. FLAGLER STREET	MIAMI, FL 33131
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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"/> Change	<input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report of 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 make this report as required by Chapter 007, Florida Statutes; and that my name appears in block 10 or block 11 of this report or in an attachment with an address, with or without an address, as required by Chapter 007, Florida Statutes.			
SIGNATURE:		Danya Lindenfeld	
DATE: 4/8/05		PH: 305 374 3677	