


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90027 041 ***150.00

DOCUMENT # P05000108488	
1. Entity Name JARICO CORPORATION	

Principal Place of Business 999 VANDERBILT BEACH ROAD SUITE 610 NAPLES FL 34108 US	Mailing Address PO BOX 771450 NAPLES FL 34107 US
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2. Principal Place of Business - No P.O. Box # 6001 BROKEN SOUND PKWY NW	3. Mailing Address 6001 BROKEN SOUND PKWY NW
Suite, Apt. #, etc. 600	Suite, Apt. #, etc. 600
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487-2776	Country US

1st MOORE CR2E034 (10/06)

4. FEI Number 20-3289959	<input type="checkbox"/> 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 DUBNER, DEREK 999 VANDERBILT BEACH ROAD SUITE 610 NAPLES, FL 34107	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6001 BROKEN SOUND PKWY NW STE 600 City BOCA RATON FL Zip Code 33487-2776
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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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P ASHER, HANK P.O. BOX 771450 NAPLES FL 34107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 811660 BOCA RATON FL 33481-1660
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUBNER, DEREK P.O. BOX 771450 NAPLES FL 34107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 BROKEN SOUND PKWY NW STE 600 BOCA RATON FL 33487-2776
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Secretary 4/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____ Daytime Phone: _____