
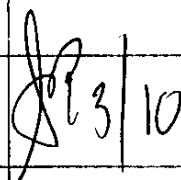
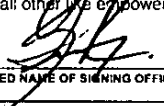


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000118890					
1. Entity Name <b>JAG MARKETING SERVICES, INC.</b>					
Principal Place of Business <b>5767 NW 151 STREET MIAMI LAKES, FL 33014</b>			Mailing Address <b>5767 NW 151 STREET MIAMI LAKES, FL 33014</b>		
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 <b>20-4215261</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GUTIERREZ, JOSE A</b> <b>19106 SW 5 STREET</b> <b>PEMBROKE PINES, FL 33029</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>P</b> <b>GUTIERREZ, JOSE A</b> <b>19106 SW 5 STREET</b> <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>100067976651</b>  <b>03/16/06--01021--002 **61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COSSIO, JULIAN</b> <b>5767 NW 151 ST</b> <b>MIAMI LAKES, FL 33014</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>COSSIO, JOAQUIN</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>SAENZ, YURI</b> <b>5372 W 16 AVE</b> <b>HIALEAH, FL 33012</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">  </div>	
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	
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 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:  <b>Treasurer</b> <b>02/07/2006</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



02062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-4215261**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, JOSE A**  
**19106 SW 5 STREET**  
**PEMBROKE PINES, FL 33029**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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STREET ADDRESS  
CITY-ST-ZIP  
**P**  
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**19106 SW 5 STREET**  
**PEMBROKE PINES, FL 33029**

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**03/16/06--01021--002 \*\*61.25**

☐ Change ☐ Addition

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☐ Delete

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☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #