

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000087861

1. Entity Name
J.I.R. FINANCIAL GROUP, INC.



Principal Place of Business
**1770 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1770 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5144486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAKHAR, JAY
1770 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKHAR, JAY 1770 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAKHAR, IVONNE 1770 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAKHAR, VIDUR F 1770 NE MIAMI GARDENS DR. N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAKHAR, RAINIER 4706 SW 160 AVE APT. 134 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/08-80003-014-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

305-949-7990

Daytime Phone #