


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 003 ***158.75

DOCUMENT # P07000092231	
1. Entity Name JARFAB PROMOTIONS, INC	

Principal Place of Business 3029 SW 6TH STREET MIAMI FL 33135	Mailing Address 3029 SW 6TH STREET MIAMI FL 33135
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2. Principal Place of Business - No P.O. Box # 1989 9th NE 135 ST	3. Mailing Address 3029 SW 6th
Suite, Apt. #, etc.	Suite, Apt. #, etc.

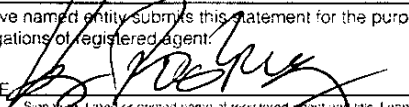
City & State North Miami, FL	City & State Miami, FL
Zip 33181	Country USA
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33135	Country USA



1st MOORE CR2E034 (10/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
RODRIGUEZ, CLAUDIA 3029 SW 6TH STREET MIAMI FL 33135	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL 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 familiar with, and accept the obligations of, registered agent.

SIGNATURE  DATE **3-18-08**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FABRICIO	NAME	
STREET ADDRESS	3029 SW 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CLAUDIA	NAME	
STREET ADDRESS	3029 SW 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **3-18-08** DAYTIME PHONE # **305-970-5450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR