

2005 FOR PROFIT CORPORATION ANNUAL REPORT


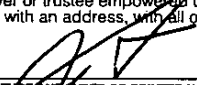
FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90047 002 ***158.75

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01202005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000026287					
1. Entity Name JAGAR, INC.					
Principal Place of Business 4260 NW 19TH AVE UNIT A POMPANO BCH, FL 33064			Mailing Address 1900 N W 44TH STREET UNIT A POMPANO BEACH, FL 33064 US		
2. Principal Place of Business 185 SE 5 th Court		3. Mailing Address 185 SE 5 th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL		4. FEI Number 65-0413620	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33441	Country U.S.A	Zip 33441	Country U.S.A		
6. Name and Address of Current Registered Agent D'ALESSANDRO, GUISEPPE 4260 NW 19TH AVE UNIT A POMPANO BCH., FL 33064			7. Name and Address of New Registered Agent Name: O'ALESSANDRO, GIUSEPPE Street Address (P.O. Box Number is Not Acceptable) 185 SE 5 th Court City: Deerfield Beach FL Zip Code: 33441		
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT D'ALESSANDRO, GUISEPPE 6208 NW 72ND WAY PARKLAND, FL <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	VS D'ALESSANDRO, ANGELO 6689 NW 26TH WAY BOCA RATON, FL <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	AS D'ALESSANDRO, ANTONIO 21788 REFLECTION LANE BOCA RATON, FL <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	AS D'ALESSANDRO, JR., QUIRINO 47413 MALLARD SHELBY TOWNSHIP, MI <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 exemption stated in Section 119.07(3)(i), 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: 2/10/05		Daytime Phone #: 954-979-0802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	