## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P93000076441

Entity Name: JUGAR, INC.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
112 NE PA OKEECHO	ARK ST. OBEE, FL 3497	4 US		
Current M	/lailing Addres	s:	New Mailing Add	lress:
112 NE PA OKEECHO	ARK ST. OBEE, FL 3497	4 US		
El Number	r: 65-0445719	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:
MEMON, 112 NE PA	ARK ST.	4		
JKEECH	OBEE, FL 3497	4 US		
Γhe above	·		ourpose of changing its regis	tered office or registered agent, or both,
The above n the Stat	e named entity s e of Florida		ourpose of changing its regis	tered office or registered agent, or both,
Γhe above	e named entity s e of Florida. RE:			tered office or registered agent, or both,  Date
The above n the Stat BIGNATU	e named entity s e of Florida. RE:	ubmits this statement for the p	ent	
The above in the State SIGNATU  DFFICER  Title:  Jame:  Jame:  Jame:  Jame:  James State S	e named entity see of Florida.  RE: Electroni	ubmits this statement for the position of Registered Age  **C Signature of Registered Age  **CORS:  **Delete**  **ERRACE**	ent	Date
The above n the Stat BIGNATU	e named entity se of Florida.  RE: Electroni  S AND DIRECT  P () MEMON, TARIQ 5248 SE 42ND TOKEECHOBEE,	ubmits this statement for the process construction of Registered Age  **CORS:** Delete  **ERRACE** FL 34974  Delete  **HOUSE DR	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: NOORI Address: 7993 S	Date  NGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARIQ I. MEMON P 03/27/2008