


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068482
1. Entity Name
JAR INTERNATIONAL, INC.



Principal Place of Business 1750 S.W. 48TH AVENUE FT LAUDERDALE, FL 33317	Mailing Address 1750 S.W. 48TH AVENUE FT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0774790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ALONSO, ORLANDO
1750 S.W. 48TH AVENUE
FT LAUDERDALE, FL 33317**

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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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

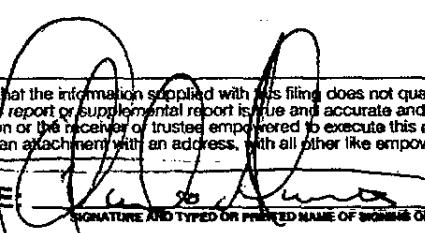
9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALONSO, ORLANDO 1750 S.W. 48TH AVENUE FT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ALONSO, ALEXIS R 1750 S.W. 48TH AVENUE FT LAUDERDALE, FL 33317
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04/14/05-80018-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #