2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90001 045 ***158.75

DOCUMENT # P98000097190

1. Entity Name
JHART, INTERNATIONAL USA, INC.

Principal Place of Business	Mailing Address
1120 A COLETTA DRIVE SUITE 1 ORLANDO, FL 32807	~~552 STILLWATER DR~~ ~~OVIEDO, FL 32765~~

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3001 AHMA AVEN.	P.O BOX 570906
Suite, Apt. #, etc.: S-222	Suite, Apt. #, etc.:
City & State: WINTER PARK	City & State: ORLANDO FL
Zip: 32792 Country: USA	Zip: 32857 Country: US

4. FEI Number: 59-3614686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired - ☑ - **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUALES, JOAQUIN A 552 STILLWATER DRIVE OVIEDO, FL 32765	Name: JOAQUIN A RUALES SR. Street Address (P.O. Box Number is Not Acceptable): 3001 AHMA AVEN S-222 City: WINTER PARK FL Zip Code: 32792

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: JOAQUIN A RUALES SR. DATE: 2/1/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	MP RUALES, JOAQUIN A 1120 A COLETTA DRIVE OVEIDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOAQUIN A Ruales Sr.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUALES, JOAQUIN A 1120 A COLETTA DR ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FABIAN J. RUALES 552 STILLWATER DR. OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JOAQUIN A Ruales Sr. 2/2/2006 407-625-7952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #