2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P06000053380** FLORIDA PEPA REALTY, INC. Maiting Address Principal Place of Business 1701 WEST KAYLA COURT 1701 WEST KAYLA COURT JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4742132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DARAGJATI, REZART 1701 WEST KAYLA COURT JACKSONVILLE, FL 32259 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE PEPA, NDOC NAME U00000929431 05/21/08-80069-004 150.00 STREET ADDRESS 41-11 PARSONS BLVD., APT 606 FLUSHING, NY 11358 CiTY-ST-ZIP VPSD TITLE PEPA, VLASH NAME STREET ADDRESS 138-39 7TH AVE., APT 3 CITY-ST-ZIP FLUSHING, NY 11367 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TOTAL NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

TILE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNING OFFICER OR DIRECTOR ATURE AND TYPED OR PRIN

4-25-08 Date

904-4<u>65-1215</u>