2008 FOR PROFIT CORPORATION

ANNUAL REPORT



Secretary of State DOCUMENT # P07000000618 02-11-2008 90041 045 ***150.00 JPA INTERNATIONAL INVESTMENT, INC. Principal Place of Business Mailing Address 2455 E. SUNRISE BLVD., STE. 1103 2455 E. SUNRISE BLVD., STE. 1103 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8144675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOTERSTEIN, MARK J. ESQ. Street Address (P.O. Box Number is Not Acceptable) 3031 N. OCEAN BLVD., #902 FT. LAUDERDALE, FL 33308 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ■ Addition ☐ Change KROKSTEDT, PETER NAME NAME STREET ADDRESS 2455 E. SUNRISE BLVD., STE. 1103 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL. 33304 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME EKBERG, JONAS NAME STREET ADDRESS 2455 E. SUNRISE BLVD., STE. 1103 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOCKMAN, ANDREW NAME STREET ADDRESS 2455 E. SUNRISE BLVD., STE. 1103 STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 regelver 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 of the corporation or the changed, or on an attach (954)565-7875

SIGNATURE:

PETER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 11, 2008 8:00 am