

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J69133	
1. Entity Name QAPA INVESTING COMPANY U.S.A., INC.	
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2793650	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

**DO NOT WRITE
IN THIS SPACE**

MACKINNON, ALEXANDER C.
255 S ORANGE AVE
SUITE #800
ORLANDO, FL 32801

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000784719
01/16/08-80064-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SASI, MADATHIL 255 SOUTH ORANGE AVE, SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MACKINNON, ALEXANDER C. 255 S. ORANGE AVE., #800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-ZAWAWI, ABDULMUNEM 255 ORANGE AVE. SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-ZAWAWI, ALAWI 255 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-ZAWAWI, TALAL 255 S. ORANGE AVE SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-ZAWAWI, SIHAM 255 S ORANGE AVE., SUITE 800 ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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:

Alexander C. Mackinnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2008

Date

407-843-7300

Daytime Phone #