2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT #L73426 1. Entity Name J. R. P. SALES, INC. Principal Place of Business Malling Address 612 S.W. 93RD PLACE 612 S.W. 93RD PLACE MIAMI, FL 33174 MIAMI, FL 33174 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3012563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSE R. DO NOT WRITE 612 SW 93 PL MIAMI, FL 33174 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PEREZ, JOSE R. NAME 612 SW 93 PL STREET ADDRESS CITY-ST-ZIP MIAMI, FL U00000463071 TILE 03/21/06-90067-018 150.00 PEREZ, MARITZA NAME STREET ADDRESS 612 SW 93 PL CITY-ST-702 MIAMI, FL DST me PEREZ, MARITZA NAME STREET ADDRESS 612 SW 93 PL DO NOT WRITE CITY-ST-ZIP MIAMI, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CRY-ST-ZIP SIBE STREET ADDRESS CITY-ST-ZIP 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 eccurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #