2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P00000105750 Feb 09, 2007 08:00 AM 1. Entity Name **Secretary of State** JAZPAUL ENTERPRISES, INC. Principal Place of Business Mailing Address 925 HUNTING LODGE DR 925 HUNTING LODGE DR MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 32-0012190 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 HERNANDEZ, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 925 HUNTING LODGE DR MIAMI SPRINGS FL 33166 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ AddIlion HILE ☐ Delete TITLE Change HERNANDEZ, JOAQUIN U00000629224 NAME NAME 925 HUNTING LODGE DR 02/16/07-80048-013 150.00 STREET ADDRESS STREET ADDRESS MIAMI SPRINGS FL 33166 CITY+ST-ZIP CHY-SI-7P THE Change Addition ☐ Delete UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP TITLE TITLE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-SI-ZIP 12. I horoby corlify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further cortify 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 eath; 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.

Toaquin & Heensades

SIGNATURE: