

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000039025

1. Entity Name
J.P. SATELLITE, INC.



Principal Place of Business
1374 NW 123RD TERR.
PEMBROKE PINES, FL 33026

Mailing Address
1374 NW 123RD TERR.
PEMBROKE PINES, FL 33026

2. Principal Place of Business
6319 Stirling Road
Suite, Apt. #, etc.

3. Mailing Address
13296 NW 18th Court
Suite, Apt. #, etc.

City & State
Davie, Florida
Zip 33314

City & State
Pembroke Pines, Florida
Zip 33028

Country Broward

Country Broward

4. FEI Number
27-0053558

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME John H Pavajeau
Street Address (P.O. Box Number is Not Acceptable)
13296 NW 18th Court
City Pembroke Pines FL Zip Code 33028

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 x 04/25/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
NAME PAVAJEAU, JOHN H
STREET ADDRESS 1374 NW 123RD TERR.
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE DP Change Addition
NAME Pavajeau, John H
STREET ADDRESS 13296 NW 18th Court
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE P Delete
NAME PAVAJEAU, JOHN H
STREET ADDRESS 1374 NW 123RD TERR.
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE P Change Addition
NAME Pavajeau, John H
STREET ADDRESS 13296 NW 18th Court
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 04/25/05

Date

Daytime Phone #

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 001 ***150.00