


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90077 001 \*\*\*150.00

<b>DOCUMENT # P03000039025</b>	
1. Entity Name J.P. SATELLITE, INC.	

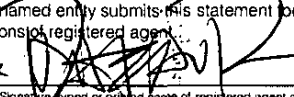
Principal Place of Business 1374 NW 123RD TERR. PEMBROKE PINES, FL 33026	Mailing Address 1374 NW 123RD TERR. PEMBROKE PINES, FL 33026
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2. Principal Place of Business 6319 Stirling Road Suite, Apt. #, etc.	3. Mailing Address 13296 NW 18 <sup>th</sup> Court Suite, Apt. #, etc.
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City & State Davie, Florida	City & State Pembroke Pines, Florida
Zip 33314	Zip 33028
Country Broward	Country Broward

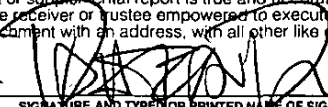
6. Name and Address of Current Registered Agent PAVAJEAU, JOHN H 1374 NW 123RD TERR. PEMBROKE PINES, FL 33026	
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7. Name and Address of New Registered Agent Name John H Pava Jean Street Address (P.O. Box Number is Not Acceptable) 13296 NW 18 <sup>th</sup> Court City Pembroke Pines FL Zip Code 33028	
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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 * 	DATE * 04/25/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAVAJEAU, JOHN H 1374 NW 123RD TERR. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Pava Jean, John H 13296 NW 18 <sup>th</sup> Court Pembroke Pines, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAVAJEAU, JOHN H 1374 NW 123RD TERR. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pava Jean, John H 13296 NW 18 <sup>th</sup> Court Pembroke Pines, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: * 	DATE * 04/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #