

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90010 007 ***550.00

DOCUMENT # P03000068267

1. Entity Name

JAP PUBLISHING, INC.



Principal Place of Business

2800 GEORGIA AVENUE
SUITE 33-E
WEST PALM BEACH FL 33405

Mailing Address

2800 GEORGIA AVENUE
SUITE 33-E
WEST PALM BEACH FL 33405

2. Principal Place of Business

Port St Lucie

3. Mailing Address

1518 SW Pitts Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie Florida

Zip

Country

Zip

34953

Country

USA

4. FEI Number 36-4534116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REBELLON, NELLY P
2800 GEORGIA AVENUE
SUITE 33-E
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

8/31/2006

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME REBELLON, NELLY P ☐ Delete
STREET ADDRESS 2800 GEORGIA AVENUE, SUITE 33-E
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE V
NAME MAYA, ADRIANA M ☐ Delete
STREET ADDRESS 2800 GEORGIA AVENUE, SUITE 33-E
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1518 SW Pitts Avenue
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1918 SW Pitts Avenue
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nelly Portinca Rebelton

Nelly Portinca Rebelton

561-6705623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/31/06 Daytime Phone #