

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000077766

Entity Name: PAUPA, INC.**FILED
Jul 22, 2005
Secretary of State****Current Principal Place of Business:**6501 S.W. 139TH CT. #404
MIAMI, FL 33183**New Principal Place of Business:****Current Mailing Address:**
6501 S.W. 139TH CT. #404
MIAMI, FL 33183**New Mailing Address:**

FEI Number: 58-2676330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:PARRA, EFRAIN E
6501 S.W. 139TH CT. #404
MIAMI, FL 33183 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: PARRA, EFRAIN E
Address: 6501 S.W. 139TH CT. #404
City-St-Zip: MIAMI, FL 33183Title: VPD (X) Delete
Name: LOPEZ, ORLANDO
Address: 6501 S.W. 139 CT, #404
City-St-Zip: MIAMI, FL 33183Title: SECR (X) Delete
Name: ARANGO, CARLOS A
Address: 6501 S.W. 139 CT, #404
City-St-Zip: MIAMI, FL 33183**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARRA, EFRAIN, E

PD

07/22/2005

Electronic Signature of Signing Officer or Director

Date