2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

indicated on this report or supplemental a of the corporation or the requiver or truste if changed, or on an attachment with an a

Mar 23, 2007 08:00 A Secretary of State DOCUMENT # P04000042739 1. Entity Name JUPITER INTERNATIONAL INVESTMENTS, INC. Principal Place of Business Mailing Address 11117 WEST OCKECHOBEE RD #202 HIALEAH GARDENS FL 33018 11117 WEST OCKECHOBEE RD #202 HIALEAH GARDENS FL 33018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 80-0101595 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIMENO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 2813 SW 129 AVE MIRAMAR FL 33027 City Zip Codo 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 it 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Change Addition Delete JIME GIMENO, FERNANDO NAME NAME 2813 SW 129 AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP U00000676588 Change □ Addilio 03/30/07-80067-005 150.00 Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITT ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE IIILE ☐ Addition Defete Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information suppfed with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

poort 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 to employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

other like empowered.

-FILED