


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000006162</b>	
1. Entity Name JEMPLART ENTERPRISES OF TAMPA, INC.	

Principal Place of Business 4708 FOXSHIRE CIRCLE TAMPA, FL 33624-4308	Mailing Address 4708 FOXSHIRE CIRCLE TAMPA, FL 33624-4308
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**DO NOT WRITE IN THIS SPACE**

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0534768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BELLINNI, ELIZABETH  
4708 FOXSHIRE CIRCLE  
TAMPA, FL 33624-4308

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BELLINNI, ELIZABETH 4708 FOXSHIRE CIRCLE TAMPA, FL 336244308
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04/08/08-80099-007 150.00

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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: *Elizabeth Bellinni* Elizabeth Bellinni President 3-21-08-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(813) 961-7343