

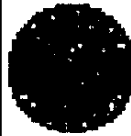
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90279 009 \*\*\*150.00

**DOCUMENT # P05000050427**

1. Entity Name  
J.P.L. GROUP, INC



Principal Place of Business  
5345 SW 210 TER  
SOUTHWEST RANCHES, FL 33332

Mailing Address  
5345 SW 210 TER  
SOUTHWEST RANCHES, FL 33332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE PONTES BRASIL, ROGERIO  
5345 SW 210 TER  
SOUTHWEST RANCHES, FL 33332

Name Michael J. Eisler Esq.  
Street Address (P.O. Box Number is Not Acceptable)

1528 Weston Rd.

City Weston

**FL**

Zip Code 33326

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 Thap P. Esler  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME BRASIL, ROGERIO D  
STREET ADDRESS 5345 SW 210 TER  
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

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

TITLE VT ☐ Delete  
NAME SANGIAO-PARGA, JESUS  
STREET ADDRESS 5345 SW 210 TER  
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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: Jesus Sanguiao-Parga  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

954-658-1220

Date

Daytime Phone #