

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90203 049 ***150.00

DOCUMENT # P05000067494 1. Entity Name JAPNIT INTERNATIONAL, INC.					
Principal Place of Business 1849 HIDDEN TRAIL LANE WESTON, FL 33327-1456			Mailing Address POB 5023 FORT LAUDERDALE, FL 33310-5023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0561892	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DATA PROFESSIONALS, INC 3935 NW 38TH TERR LAUDERDALE LAKES, FL 33309			7. Name and Address of New Registered Agent Name AMERISWEDE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 3935 NW 38TH TERRACE City LAUDERDALE LAKES, FL Zip Code 33309		
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 LARS G. SVENSSON, PRESIDENT DATE 4-20-07 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINGH, AMARJEET 1849 HIDDEN TRAIL LANE WESTON, FL 333271456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAUR, GURVINDER 1849 HIDDEN TRAIL LANE WESTON, FL 333271456	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: AMARJEET SINGH, PRESIDENT DATE 4-23-07 DAYTIME PHONE # 954-815-7033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					