

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135935

Entity Name: JAPECA PROPERTIES, INC..

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

P. O. BOX 372314
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372314
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 04-3828746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRIZARRY, JAIME E
250 WATERSIDE DR
INDIAN HARBOUR BEACH, FL 32937 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRIZARRY, JAIME E
Address: 250 WATERSIDE DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: STD () Delete
Name: IRIZARRY BULLS, JAIME E
Address: 2965 PINE BRANCH DR
City-St-Zip: MELBOURNE, FL 32940

Title: SVD () Delete
Name: IRIZARRY, PEDRO A
Address: 2000 SUNSET TERRACE DR
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: IRIZARRY, CARLOS A
Address: 4117 HEATHMOOR DR
City-St-Zip: COLORADO SPRINGS, CO 80922

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAIME E. IRIZARRY

PD

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date