
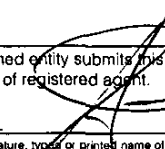
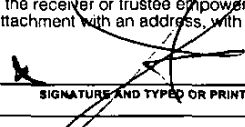


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90020 042 \*\*\*150.00

<b>DOCUMENT # P06000039081</b> 1. Entity Name <b>JAMES ROJAS P.A.</b>			
Principal Place of Business <b>13625 EAGLE RIDGE DR APT. 327 FORT MYERS, FL 33912</b>		Mailing Address <b>13625 EAGLE RIDGE DR APT. 327 FORT MYERS, FL 33912</b>	
2. Principal Place of Business - No P.O. Box # <b>11261 Pond Cypress ST</b>		3. Mailing Address <b>11261 Pond Cypress ST</b>	
Suite, Apt. #, etc. <b>FL Myers, FL</b>		Suite, Apt. #, etc. <b>FL Myers, FL</b>	
City & State <b>FL Myers, FL</b>		City & State <b>FL Myers, FL</b>	
Zip <b>33913</b>		Zip <b>33913</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4820478</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROJAS, JAMES 13625 EAGLE RIDGE DR APT. 327 FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent <b>Rojas, James 11261 Pond Cypress ST FL Myers FL 33913</b>	
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 if applicable (NOTE: Registered Agent signature required when reinstating) 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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ROJAS, JAMES 13625 EAGLE RIDGE DR APT 327 FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Rojas, James 11261 Pond Cypress ST. FL Myers, FL 33913</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	