


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 043 ***158.75

DOCUMENT # P06000133491		
1. Entity Name JOHN'S PASS TATTOOS, INC.		

Principal Place of Business 121 129TH AVE MADEIRA BEACH, FL 33708	Mailing Address C/O KRAFT PA 934 NORTH UNIVERSITY DR #250 CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 121 129TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MADEIRA BEACH, FL
Zip	Country
33708	



05202008 Chg-P CR2E034 (12/06)

4. FEI Number
22-3944783

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
JONES, SYRENA 121 129TH AVE MADEIRA BEACH, FL 33708	

7. Name and Address of New Registered Agent	
Name ORESTE DOMINGUEZ	
Street Address (P.O. Box Number is Not Acceptable) 121 129TH AVE	
City MADEIRA BEACH	Zip Code FL 33708

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: *Oreste Dominguez* ORESTE DOMINGUEZ 5/21/08

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, SYRENA C/O KRAFT PA-934 NORTH UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAIM, DORON BEN C/O KRAFT PA-934 NORTH UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
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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"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oreste Dominguez* ORESTE DOMINGUEZ 5/21/08 727-392-6369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #