

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90064 001 \*\*\*158.75

<b>DOCUMENT # P07000125786</b>	
1. Entity Name JAPHA, INC.	

Principal Place of Business 714 NW 8TH AVE DANIA BEACH, FL 33004	Mailing Address 714 NW 8TH AVE DANIA BEACH, FL 33004
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2. Principal Place of Business - No P.O. Box # 4077 Wilkes Drive	3. Mailing Address 4077 Wilkes Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne, FL	City & State Melbourne, FL	4. FEI Number 26-1458098	Applied For <input type="checkbox"/> Not Applicable
Zip 32901	Country USA (Brevard)	Zip 32901	Country USA (Brevard)



03042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BELMONT, PETER JR 714 NW 8TH AVE DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name: Peter Belmont, Jr. Street Address (P.O. Box Number is Not Acceptable): 4077 Wilkes Dr. City: Melbourne FL Zip Code: 32901	
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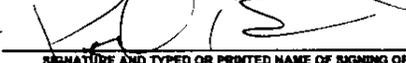
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELMONT, PETER 714 NW 8TH AVE DANIA BEACH, FL 33004 <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
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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:**  **3/19/08** **325-5912002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #