

FILED
May 19, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000000319	
1. Entity Name KEEPA CORP.	

Principal Place of Business
 C/O SACHS&FOCARACCI PA
 3675 SW 24 ST
 MIAMI, FL 33145

Mailing Address
 C/O SACHS&FOCARACCI PA
 3675 SW 24 ST
 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0716535

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SACHS, KARL M
 3675 SW 24 ST
 PO BOX 144180
 MIAMI, FL 33114

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**U000000952368
 06/04/08-80077-010 550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANCHEZ, EDWARD J 3 LIGHTHOUSE DR SAUGERTIES, NY 12477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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, without otherwise empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/08 809556 3280

Date

Daytime Phone #