2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 01, 2007 8:00 am DOCUMENT # P97000002344 **Secretary of State** 1. Entity Name 03-01-2007 90019 008 ***150.00 JUPASA CORPORATION Principal Place of Business Mailing Address 27451 SW 217TH AVENUE 6365 COLLINS AVE. HOMESTEAD FL 33031 SUITE #4211 MIAMI BEACH FL 33141 2. Principal Place of Business - No P.O. Box # 5W. 104 S Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0717811 City & State Applied For Homes Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLANO, JUAN G 6365 COLLINS AVE. SUITE # 4211 MIAMI BEACH FL 33141 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 registe SIGNATURE . d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Vice President Delete HILL LLANO, JUAN G NAME NAME Pacco Llung 6365 COLLINS AVE. STREET ADDRESS STREET ADDRESS 14629 SW. 1045 MIAMI BEACH FL 33141 CITY-ST-7IP CHY-SI-ZIP Delete HILF Change ☐ Addition BERNAL, VERONICA NAME NAME 6515 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-7IP IIIŒ ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP estatent HITLE Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - S1-7IP Change HILE ☐ Delete TITU Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY S1-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED