
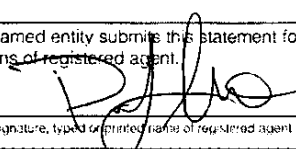
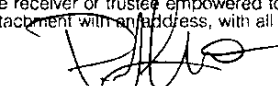


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-22-2008 90021 007 \*\*\*150.00

<b>DOCUMENT # P97000002344</b> 1. Entity Name <b>JUPASA CORPORATION</b>					
Principal Place of Business <b>27451 SW 217TH AVENUE HOMESTEAD FL 33031</b>			Mailing Address <b>14629 SW 104 ST SUITE #517 MIAMI FL 33186</b>		
2. Principal Place of Business - No P.O. Box # <b>27451 sw. 217 st.</b>		3. Mailing Address <b>14629 sw. 104 st.</b>			
Suite, Apt. #, etc. <del>14629</del>		Suite, Apt. #, etc. <b>#517</b>			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>			
Zip <b>33080</b>	Country <b>U.S.A.</b>	Zip <b>33186</b>	Country <b>U.S.A.</b>		
6. Name and Address of Current Registered Agent  <b>LLANE, PACCO 14629 SW 104 ST SUITE # 517 MIAMI FL 33186</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <b>2/5/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD LLANO, JUAN G 6365 COLLINS AVE. MIAMI BEACH FL 33141</b> <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	<b>VP LLANO, PACCO 14629 SW 104 ST #517 MIAMI FL 33186</b> <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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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 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 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> 			Date <b>2/5/08</b> Daytime Phone # <b>(305) 999-3959</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					