


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90102 025 \*\*\*158.75

<b>DOCUMENT # P97000019223</b>					
<b>1. Entity Name</b> JOPADEMA, INC.					
<b>Principal Place of Business</b> 18279 LONG LAKE DRIVE BOCA RATON, FL 33496 US			<b>Mailing Address</b> 18279 LONG LAKE DRIVE BOCA RATON, FL 33496 US		
<b>2. Principal Place of Business</b> 2900 W. Sample Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2900 W. Sample Road Suite, Apt. #, etc.			
<b>City &amp; State</b> Pompano Beach, FL		<b>City &amp; State</b> Pompano Beach, FL		<b>4. FEI Number</b> 65-0741631	
<b>Zip</b> 33073		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <b>XX</b> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHOOSTER, DANIEL 18279 LONG LAKE DRIVE BOCA RATON, FL 33496			<b>7. Name and Address of New Registered Agent</b> Name <b>Valdes-Fauli Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd., Suite 1400 City <b>Ft. Lauderdale</b> <b>FL</b> <b>Zip Code</b> <b>33394</b>		
<b>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.</b> SIGNATURE <u>Martin R. Press, Esq., Vice President</u> <u>3/16/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$450.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOOSTER, DANIEL H 18279 LONG LAKE DRIVE BOCA RATON, FL 33496		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	
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	
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	
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	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>2-25-05</u> Daytime Phone # <u>(954)979-4555</u>		
Daniel H. Shooster, President and Director					

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