


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 030 ***150.00

DOCUMENT # P97000019223 1. Entity Name JOPADEMA, INC.					
Principal Place of Business 2900 W SAMPLE RD POMPAÑO BEACH, FL 33073 US			Mailing Address 2900 W SAMPLE RD POMPAÑO BEACH, FL 33073 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VALDES FAULI CORP SERVICES INC 500 E BROWARD BLVD STE 1400 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd. Suite 1400 City Ft. Lauderdale FL Zip Code 33394		
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: <u>Martin R. Press, Esq., Vice President</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/8/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D SHOOSTER, DANIEL H 18279 LONG LAKE DRIVE BOCA RATON, FL 33496 <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: <u>Daniel H. Shooster</u> Daniel H. Shooster, Director/President			Date <u>2/27/06</u> Daytime Phone # <u>954-979-4555</u>		