2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000033745

Entity Name
 JUPITER AUTO SPA, INC.



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

220 MAPLEWOOD DR JUPITER, FL 33458 Mailing Address

220 MAPLEWOOD DR JUPITER, FL 33458



04082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0746579

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DE SANCTIS, PETER CPA HIXSON, MARIN, DE SANCTIS & COMPANY, P.A 3801 PGA BLVD STE 806 PALM BEACH GARDENS, FL 33410

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contribution	Financing	\$5.00 May Be Added to Fees	U00000900759 04/29/08-80041-010 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEKLED, MICHAEL 3801 PGA BLVD STE 806 PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWEN, JASON 3801 PGA BLVD STE 806 PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEKLED, RAKEN 3801 PGA BLVD STE 806 PALM BEACH GARDENS, FL 33410			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 suppliemental 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					

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