


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90046 017 \*\*\*150.00

DOCUMENT # P97000103924																																																																																																																													
<b>1. Entity Name</b> NAPM ENTERPRISES, INC.																																																																																																																													
<b>Principal Place of Business</b> 3075 W OAKLAND PARK BLVD SUITE 108 FORT LAUDERDALE, FL 33311			<b>Mailing Address</b> P.O. BOX 190221 FT. LAUDERDALE, FL 33319-0221																																																																																																																										
<b>2. Principal Place of Business - No P.O. Box #</b> 2880 W. OAKLAND PARK BLVD.		<b>3. Mailing Address</b>																																																																																																																											
Suite, Apt. #, etc. 121		Suite, Apt. #, etc.																																																																																																																											
<b>City &amp; State</b> Ft Lauderdale, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0801418																																																																																																																									
<b>Zip</b> 33311		<b>Country</b> BROWARD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
<b>6. Name and Address of Current Registered Agent</b>  DEBOURG, JUDITH 3075 W. OAKLAND PARK BLVD STE FORT LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name <u>De Bourg, Judith</u> Street Address (P.O. Box Number is Not Acceptable) <u>2880 W OAKLAND PARK Blvd.</u> Suite, Apt. #, etc. <u>121</u> City <u>Ft Lauderdale</u> <b>FL</b> Zip Code <u>33311</u>																																																																																																																										
<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>[Signature]</u> DATE <u>3/10/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">P. O. BOX 190221 N/A</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">FT. 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<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE <u>3/10/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													