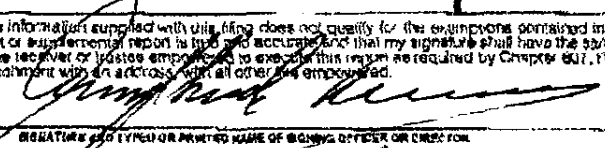


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000105674		
1. Entity Name JARPE INTERNATIONAL CORPORATION		
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE #603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE #603 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		 02032005 No Chg-P CR2E034 (11/05) 4. FRI Number 65-0608063 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable
7. 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 (initials with, and accept the obligations of registered agent)		DO NOT WRITE IN THIS SPACE
SIGNATURE Signature, typed or printed name of registered agent and fee payor. (NOTE: If a third party agent signature is required when changing.) DATE		
FILE NUMBER: FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MORENO, ANGEL LOSADA	
STREET ADDRESS	901 PONCE DE LEON BLVD, SUITE 603	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 this 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 persons empowered.		
SIGNATURE: 		3/20/06 (305) 444-1741 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Angel Losada Moreno		OFFICE PHONE

060000480724
04/11/06-80003-011 150.00

**DO NOT WRITE
IN THIS SPACE**