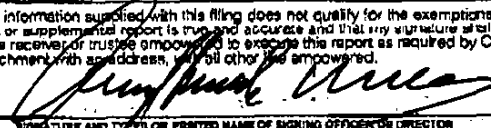


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90043 025 ***150.00

DOCUMENT # P97000105674		
1. Entity Name JAROEPE 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		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)		
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. 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 at all times has 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, or all other as empowered.		
SIGNATURE: 		Date 2/14/07 (305) 444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Angel Losada Moreno		Daytime Phone #



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0808063	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**