

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000105674	
1. Entity Name JAROPE 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
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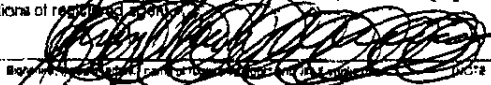
DO NOT WRITE IN THIS SPACE

01002206 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0808063Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****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



DOE Registered Agent signature required when canceling

DATE

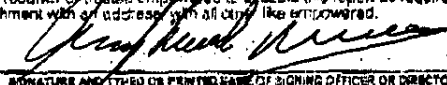
**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, ANGEL LOSADA 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134
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000000838412
03/05/08-80029-011 150.00**DO NOT WRITE
IN THIS SPACE**

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 807, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Losada Moreno**2/15/08 (305)444-1741**

DATE

Daytime Phone