## 2008 FOR PROFIT CORPORATION

## FILED Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPURT							~	04.00.000.0	•		00
DOCUMENT # P98000081512  1. Entity Name SAPAL ENTERPRISES, INC								04-28-2008 9	03// 03 <u>/</u> "	150.	00
Principal Place	e of Business			Mailing Address			40086	TAO			
1501 JIMPSO			539 N MILLS AVE								
NAPLES, FL 34105 ORLANDO, FL 32803							-				
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	- 15 <del>-</del>	- N- D	) Day #	3. Mailing Address							
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City & State				City & State			4. FEI Numbe			<del></del>	plied For
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20410	. –	Country	Ch	3410	Codin	"JUSA-	5. Certificate	of Status Desired		3.75 Add e Required	
2410		and Addres	s of Current R	Registered Agent			7. Name and	Address of New R			
			<u> · . · . · . · . · . · . · . · . · .</u>			Name					
NAING, SOE						Street Address (P.O. Box Number is Not Acceptable)					
1501 JIMPSON LANE NAPLES, FL 34105						Stieet Address	3 (1 .O. Box 14011150	· is receptable	·, 		
NAPLES, I	FL 34103										1
	//					City		<del></del>	FL	Zip Code	-
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	named entity tions of regist		s statement for	the purpose of changing it	ts register	ed office or regis	stered agent, or bot	n, in the State of Flo	xida. Iam fan	niliar with,	and accept
in the congar	V	NOU GENERAL									İ
SIGNATURE.				AND A sectional (NC	TE Burning	d Agent signature requ	ired when evinetation)		DATE		{
}	Signature, typed	prened name	ol registered agent a	no tue ii appartable, (NO	A C. REGISTOR	O Agent adjustice rado	ec w.m. rm man ng/				
	£ NOW!!! ay 1, 2008		150.00 I be \$550.0	9. Election Camp Trust Fund Cor			55.00 May Be added to Fees				
10.		OI	FICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	5 IN 11
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CITY-ST-ZIP						Y-ST-ZIP	11. 2.				
12. I hereby indicated of the co changed	certify that the don this repor procation or the d, or on an atta	a information it or supplier ne receiver achment wit	n supplied with mental report is or trustee empo h an address, v	this filing does not qualify true and accurate and that twered to execute this repo with all other like empowers	for the ex timy signa ort as requ ed.	remptions contain ature shall have the aired by Chapter	ned in Chapter 119 he same legal effec 607, Florida Statute	, Florida Statutes. It as if made under is; and that my nan	I further certify oath; that I am se appears in I	that the in an officer Block 10 o	nformation or director r Block 11 if
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		SIGNATUR	AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	ER OR DIREC	TOR		Date	Day	time Phone #	