

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90077 043 ***150.00

DOCUMENT # P99000067287

1. Entity Name

JARPA CORP.

Principal Place of Business
c/o Jose A. Rodriguez, Esq.

Mailing Address
c/o Jose A. Rodriguez, Esq.

2. Principal Place of Business
100 SE 2nd Street

3. Mailing Address
100 SE 2nd Street

Suite, Apt. #, etc.
Suite 2900

Suite, Apt. #, etc.
Suite 2900

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0938069

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

Jose A. Rodriguez, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street

Suite 2900

City

Miami

FL

Zip

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/05

DATE

**FEE IS \$150.00
DUE BY MAY 1, 2005**

**Make Check Payable to
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
**DPST
Rodriguez, Jose
150 Alhambra Circle, Suite 1270
Coral Gables, FL 33134** ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
**DPST
Rodriguez, Jose
100 SE 2nd Street, Suite 2900
Miami, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

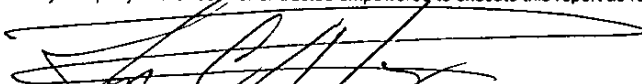
TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE



2/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #