


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 032 \*\*\*150.00

**DOCUMENT # P01000070907**

1. Entity Name  
**CUPON LATINO, INC.**



Principal Place of Business  
**13030 ISABELLA TERR.  
 SUITE 607  
 DELRAY BEACH, FL 33446**

Mailing Address  
**13030 ISABELLA TERR.  
 SUITE 607  
 DELRAY BEACH, FL 33446**

2. Principal Place of Business  
**13030 Isabella Ter**

3. Mailing Address  
**13030 Isabella Ter**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip Country  
**33446 US**

Zip Country  
**33446 US**

01062006 Chg-P CR2E034 (11/05)



8. Name and Address of Current Registered Agent

**EDISIS, JACUELINE  
 13030 ISABELLA TER  
 DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EDISIS, JACQUELINE 13030 ISABELLA TER DELRAY BEACH, FL 33446</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 like empowered.

SIGNATURE: Jacqueline Edisis **2-28-06** **561-638-5527**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #