


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 023 ***150.00

DOCUMENT# P07000037294					
1. Entity Name COPPERKINGRECYCLING, INCORPORATED					
Principal Place of Business 1239 COLUMBIA STREET ORLANDO, FL 32805			Mailing Address 1239 COLUMBIA STREET ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box# 1600 Acme Street Suite, Apt. #, etc.		3. Mailing Address 1531 Hanks Ave Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-8710135	
Zip 32805	Country Orange	Zip 32814	Country Orange	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HO, MANDA 1239 COLUMBIA STREET ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name: Ho, Potee Street Address (P.O. Box Number is Not Acceptable) 1600 Acme Street. City: Orlando FL Zip Code: 32805		
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 _____ (NOTE: Registered Agent's signature is required when re-instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HO, MANDA 1239 COLUMBIA STREET ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HO, POLEE 1600 ACME STREET ORLANDO FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIU, YUHONG 1239 COLUMBIA STREET ORLANDO, FL 32805	<input checked="" 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: <u>Ho, Potee</u>			Date: <u>2/6/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone# _____					