


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90029 040 \*\*\*150.00

<b>DOCUMENT # K29182</b> 1. Entity Name <b>CUPAR INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>549 WYMORE RD NORTH 109 MAITLAND, FL 32751</b>	Mailing Address <b>549 WYMORE RD NORTH 109 MAITLAND, FL 32751</b>
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2. Principal Place of Business - No P.O. Box # <b>2180 W. STATE ROAD 434</b>	3. Mailing Address <b>2180 W. STATE ROAD 434</b>
Suite, Apt. #, etc. <b>SUITE 6190</b>	Suite, Apt. #, etc. <b>SUITE 6190</b>
City & State <b>LONGWOOD, FL</b>	City & State <b>LONGWOOD, FL</b>
Zip <b>32779</b>	Country <b>USA</b>



01182007 Chg-P CR2E034 (12/06)

4. FEI Number <b>58-1209967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ICARDI, JEFFREY A 2180 W STATE ROAD 434 STE 6190 LONGWOOD, FL 32779</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:** \_\_\_\_\_ **02.07.2007** **(646-651-9268)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #