## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K71235**

1. Entity Name PAUL A. KOPROWSKI, C.P.A., P.A.



Principal Place of Business

PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024 Mailing Address

PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024

## FILED Mar 31, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0098723

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOPROWSKI, PAUL A. 10031 PINES BLVD SUITE 224 PEBROKE PINES, FL 33024

DO.	NO	ΓW	RITE
"IN <sub>"</sub> ]	HIS	SP	ACE

PEBROKE	PINES, FL 33024			The state of the s	THOOP	AUE :	months of			
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				Agent aignature required when reinstating) DATE						
Fill After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000 04/10/08-	873574 80085-018	150.00			
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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.

PAVE A. KOPKOWSKI

SIGNATURE:

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 (954)435 (99)

Daylime Phone #