

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71235

FILED  
Mar 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0098723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KOPROWSKI, PAUL A.,  
Address: 10031 PINES BLVD, #224  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPTS (X) Change ( ) Addition  
Name: KOPROWSKI, PAUL A.,  
Address: 10031 PINES BLVD, #224  
City-St-Zip: PEMBROKE PINES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A KOPROWSKI

PRES

03/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date