

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71235

**FILED**  
**Apr 16, 2011**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

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:**

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

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: PAUL A. KOPROWSKI

04/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: KOPROWSKI, PAUL A  
Address: 10031 PINES BLVD, #224  
City-St-Zip: PEMBROKE PINES, FL

I hereby 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 all other like empowered.

SIGNATURE: PAUL A. KOPROWSKI

PRES

04/16/2011

Electronic Signature of Signing Officer or Director

Date