

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L34518

1. Entity Name
KAPUSTIN CORPORATION



Principal Place of Business
**% RAFAEL KAPUSTIN
25 S.E. SECOND AVENUE, SUITE 750
MIAMI, FL 33131-1506**

Mailing Address
**% RAFAEL KAPUSTIN
25 S.E. SECOND AVENUE, SUITE 750
MIAMI, FL 33131-1506**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0158665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPUSTIN, RAFAEL
25 S.E. SECOND AVENUE, SUITE 750
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAPUSTIN, RAFAEL
STREET ADDRESS	25 S.E. SECOND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	KAPUSTIN, SARA
STREET ADDRESS	25 S.E. SECOND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	KAPUSTIN, ANDREW J
STREET ADDRESS	25 S.E. SECOND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	KAPUSTIN, GINA E
STREET ADDRESS	25 S.E. SECOND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80012-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring

Rafael Kapustin President 1/5/07

305371-9040