

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004105

Entity Name: COPA JESUS, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324 US

Current Mailing Address:

9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324

New Mailing Address:

9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324 US

FEI Number: 65-1022652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANOS, FRANCISCO
9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324

Name and Address of New Registered Agent:

CASTELLANOS, FRANCISCO
9104 C S.W. 19 PLACE
FORT LAUDERDALE, FL 33324 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: FRANCISCO CASTELLANOS

04/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANOS, FRANCISCO
Address: 9104 C S.W. 19 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: VPD () Delete
Name: PRADA, CESAR
Address: 9104 C S.W. 19 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: TD () Delete
Name: CASTELLANOS, CRISTINA
Address: 9104 C S.W. 19 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO CASTELLANOS

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date