2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N97000002015

Entity Name: COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

Current Principal Place of Business:

540 NW 47 TERR
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

540 NW 47 TERR
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0757963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, MARYE V
540 NW 47TH TERRACE
MIAMI, FL 33127 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, MARYE V
Address: 6600 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: V ( ) Delete
Name: FERNANDEZ, SAMUEL
Address: 19720 NW 44TH PL
City-St-Zip: CAROL CITY, FL 33055

Title: S ( ) Delete
Name: THOMPSON, MILLICENT
Address: 540 NW 47TH TERR
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete
Name: JOHNSON, EMILY
Address: 540 NW 47 TERR
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete
Name: FERNANDEZ, ERNEST
Address: 834 RIVERSIDE DR #2-C
City-St-Zip: NEW YORK, NY 10032

Title: D ( ) Delete
Name: THORN, DANIEL
Address: 2 RIVERSIDE DR #2-D
City-St-Zip: NEW YORK, NY 10025

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYE JOHNSON P 04/04/2006

Electronic Signature of Signing Officer or Director Date