2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90167 007 ***150.00

DOCUMENT # P00000005615

1. Entity Name
CORPER ENTERPRISES, INC.

94068894

Principal Place of Business	Mailing Address
~~6335 N.W. 113TH TERRACE~~	~~6335 N.W. 113TH TERRACE~~
~~HIALEAH, FL 33012~~	~~HIALEAH, FL 33012~~

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
LAKE 14220 CANDLEWOOD CT.	LAKE 14220 CANDLEWOOD CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL.	City & State: MIAMI LAKES, FL.
Zip: 33014 Country	Zip: 33014 Country

4. FEI Number 65-0990365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORDERO, MARITZA
~~6335 N.W. 113TH TERRACE~~
~~HIALEAH, FL 33012~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) LAKE 14220 CANDLEWOOD COURT.

City MIAMI LAKES FL Zip Code 33014

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORDERO, JULIAN		NAME	LAKE
STREET ADDRESS	~~6335 N.W. 113TH TERRACE~~		STREET ADDRESS	14220 CANDLEWOOD CT.
CITY-ST-ZIP	~~HIALEAH, FL 33012~~		CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORDERO, MARITZA		NAME	LAKE
STREET ADDRESS	~~6335 N.W. 113TH TERRACE~~		STREET ADDRESS	14220 CANDLEWOOD CT.
CITY-ST-ZIP	~~HIALEAH, FL 33012~~		CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ______________________ 3/30/04 (305) 362-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #