2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # P00000005615** 1. Entity Name CORPER ENTERPRISES, INC. Principal Place of Business Mailing Address 14220 LAKE CAND LEWOOD CT. 14220 LAKE CAND LEWOOD CT. MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0990365 Applied Far Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CORDERO, MARITZA DO NOT WRITE 14220 LAKÉ CANDLEWOOD COURT MIAMI LAKES, FL 33014 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CORDERO, JULIAN 14220 LAKE CANDLE WOOD CT STREET ADDRESS U00000516721 CITY-ST-ZIP MIAMI LAKES, FL 33014 05/01/06-80016-011 150.0b CORDERO, MARITZA NAME THEET ADDRESS 14220 CANDLEWOOD CT. y-ST-21P MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trusfee embowere changed, or on an attachment with an address with a second or on an attachment with an address with a second or on an attachment with an address. does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: _

CITY-ST-ZIP TALLE NAME STREET ADDRESS CHY-ST-ZIP

ING OFFICER OR DIRECTOR

FILED