

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P00000041772

1. Entity Name

COPELIA FOODS CORPORATION



02-17-2006 90163 001 \*\*\*150.00  
02-17-2006 90163 002 \*\*\*\*\*8.75

Principal Place of Business

169 E FLAGLER ST  
SUITE 1534, PMB #1143  
MIAMI FL 33131

Mailing Address

15721 S.W. 137TH AVE.  
UNIT 104  
MIAMI FL 33177



2. Principal Place of Business

3. Mailing Address

9621 S.W. 138 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

65-1003137

Applied For

Not Applicable

Zip

Country

Zip

33186

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANO, LUIS F  
15721 SW 137TH AVE  
SUITE 104  
MIAMI FL 33177

Name

CANO LUIS F.

Street Address (P.O. Box Number is Not Acceptable)

9621 S.W. 138 AVENUE

City

MIAMI

FL

Zip Code

33186

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CANO, LUIS F  
STREET ADDRESS 15721 SW 137TH AVE, SUITE 104  
CITY-ST-ZIP MIAMI FL 33177

TITLE DS ☐ Delete  
NAME ALIMENTOS, COPELIA L  
STREET ADDRESS CRA 68A #29-89  
CITY-ST-ZIP COLOMBIA, ANTIOQUIA S.A.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition  
NAME ALIMENTOS COPELIA LTDA.  
STREET ADDRESS CRA-58A #29-89  
CITY-ST-ZIP MEDELLIN-ANTIOQUIA-COLOMBIA S.A.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

02/04/06 (305) 386 8328

Date

Daytime Phone #