

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000047127

1. Entity Name
E.P.A., INC.



Principal Place of Business
5700 SW 39 ST
MIAMI, FL 33155

Mailing Address
5700 SW 39 ST
MIAMI, FL 33155



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1009813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

XIQUES, ALBERT J ESQ
1000 BRICKELL AVENUE SUITE 660
MIAMI, FL 33131

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IN THIS SPACE**

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]

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CUBAS, JOSE M
STREET ADDRESS	199 OCEAN LANE DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	CUBAS, EDITH
STREET ADDRESS	199 OCEAN LANE DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	SD
NAME	CUBAS, MERCEDES
STREET ADDRESS	1408 BRICKELL BAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	FONTENEAU, ALINA C
STREET ADDRESS	1408 BRICKELL BAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MD
NAME	PEREZ, JULIO
STREET ADDRESS	5700 SW 39TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/26/07-80069-013 150:00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-07