

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047127

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

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

5700 SW 39 ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5700 SW 39 ST
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1009813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CUBAS, JOSE M
Address: 199 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VD () Delete
Name: CUBAS, EDITH
Address: 199 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: CUBAS, MERCEDES
Address: 1408 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: FONTENEAU, ALINA C
Address: 1408 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: MD () Delete
Name: PEREZ, JULIO
Address: 5700 SW 39TH STREET
City-St-Zip: MIAMI, FL 33155

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M. CUBAS

CP

01/08/2009

Electronic Signature of Signing Officer or Director

Date