


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P00000070660</b><br>1. Entity Name<br><b>COPANS ROAD CORPORATION</b> |  |
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| Principal Place of Business<br><b>4651 SHERIDAN STREET<br/>SUITE 300<br/>HOLLYWOOD, FL 33021</b> | Mailing Address<br><b>4651 SHERIDAN STREET<br/>SUITE 300<br/>HOLLYWOOD, FL 33021</b> |
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1040589</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

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| 6. Name and Address of Current Registered Agent<br><br><b>SOSSIN, ROBERT J<br/>4651 SHERMAN STREET<br/>STE 300<br/>HOLLYWOOD, FL 33021</b> |
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000530554  
05/06/06-80001-015 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BACKSTEIN, EDWARD<br>96 OLD FOREST HILL ROAD<br>TORONTO, CANADA, ON m5p 2r5   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BACKSTEIN, DAVID<br>96 OLD FOREST HILL ROAD<br>TORONTO, CANADA, ON m5p 2r5   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BACKSTEIN, ROBERT<br>96 OLD FOREST HILL ROAD<br>TORONTO, CANADA, ON m5p 2r5  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BACKSTEIN, DEBRA<br>96 OLD FOREST HILL ROAD<br>TORONTO, CANADA, ON m5p 2r5    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BACKSTEIN, RICHARD<br>96 OLD FOREST HILL ROAD<br>TORONTO, ONTARIO, CA m5p 2r5 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 17/06 705-321-8062**  
Date Daytime Phone #