

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 032 ***150.00

DOCUMENT # P00000070660

1. Entity Name
COPANS ROAD CORPORATION



Principal Place of Business
**4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD, FL 33021**

Mailing Address
**4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1040589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOSSIN, ROBERT J
4651 SHERMAN STREET
STE 300
HOLLYWOOD, FL 33021**

**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 _____

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, 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 PD
NAME BACKSTEIN, EDWARD
STREET ADDRESS 96 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, CANADA, ON m5p 2r5

TITLE VPD
NAME BACKSTEIN, DAVID
STREET ADDRESS 96 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, CANADA, ON m5p 2r5

TITLE VPD
NAME BACKSTEIN, ROBERT
STREET ADDRESS 96 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, CANADA, ON m5p 2r5

TITLE SD
NAME BACKSTEIN, DEBRA
STREET ADDRESS 96 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, CANADA, ON m5p 2r5

TITLE TD
NAME BACKSTEIN, RICHARD
STREET ADDRESS 96 OLD FOREST HILL ROAD
CITY-ST-ZIP TORONTO, ONTARIO, CA m5p 2r5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

April 11 2007 *416-932-8137*