2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 033 ***550.00

DOCUMENT # P01000006964

1. Entity Name
VICTORIA E. COPANI, P.A.

Principal Place of Business	Mailing Address
158 ASHLEY COURT JUPITER, FL 33458	158 ASHLEY COURT JUPITER, FL 33458

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1463 CADES BAY AVE.		1463 CADES BAY AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JUPITER, FL		City & State: JUPITER, FL	
Zip: 33458	Country: PALM BCH	Zip: 33458	Country: PALM BCH

4. FEI Number: 65-1072607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL S. SINGER, ESQ
SINGER, ~~MICHALE~~ S ESQ.
~~1201 U.S. HIGHWAY ONE~~ 3801 PGA BLVD.
SUITE ~~240A~~ 802
~~NORTH PALM BEACH, FL 33408~~
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name: SINGER, MICHAEL S., ESQ.
Street Address (P.O. Box Number is Not Acceptable): 3801 PGA BLVD. STE 802
PALM BEACH GARDENS
City FL Zip Code 33410

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] 7-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete COPANI, VICTORIA E ~~158 ASHLEY COURT~~ 1463 CADES BAY AVE ~~JUPITER, FL 33458~~ JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #