


**2005 FOR PROFIT CORPORATION 2005  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90155 024 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name	P 01000059409	
COPTER CORNER, INC.		

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 73 N.W. 167 Street	3. Mailing Address 73 N.W. 167 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N. MIAMI BEACH, FLORIDA	City & State N. MIAMI BEACH, FLORIDA
Zip 33169	Country Miami-Dade
Zip 33169	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

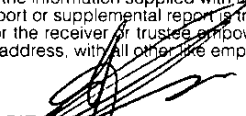
<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 65-1118051		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name HUGO D. CADELLI		
Street Address (P.O. Box Number is Not Acceptable) 1985 S. Ocean Drive, 2-G			
City Hallandale FL Zip Code 33009			

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cadelli, Hugo Daniel 1985 S. Ocean Drive, 2-G Hallandale, Florida 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD Marian, Olga Yolanda 1985 S. Ocean Drive, 2-G Hallandale, Florida 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **HUGO D. CADELLI** **PRESIDENT** 4/21/05 305 651 1362

CR2E034B (12/02)