


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90442 013 \*\*\*158.75

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

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 73 N.W. 167 Street	<b>3. Mailing Address</b> 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

60031164

CR2E034B (8/05)

<b>4. FEI Number</b> 65-1118051	Applied For <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

**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
State	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 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	VSD Marian, Olga Yolanda 1985 S.Ocean Drive. @-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 reports 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 fee empowered.**

**SIGNATURE:**  HUGO D. CADELLI

Date: 4-17-04

Daytime Phone #: 305 651-1362