


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

2008

**FILED
May 28, 2008 8:00 am
Secretary of State**

05-28-2008 90011 040 ***158.75

DOCUMENT # P01000059409	
1. Entity Name COPTER CORNER, INC.	

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40105511

2. Principal Place of Business 73 N.W. 167 Street Suite, Apt. #, etc.	3. Mailing Address 6317 S.W. 11 Street Suite, Apt. #, etc.
City & State N. Miami Beach, FL	City & State West Miami, Florida
Zip 33169 Country	Zip 33144 Country

CR2E034B (8/05)

4. FEI Number 65-1118051	Apply For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name CADELLI, HUGO D.	
Street Address (P.O. Box Number is Not Acceptable) 2771 OCEAN CLUB, # 107	
City HOLLYWOOD	FL Zip Code 33019

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 \$650.00 Amended AR 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 PD	NAME CADELLI, HUGO D.	TITLE	NAME
STREET ADDRESS 2771 OCEAN CLUB # 107	CITY-ST-ZIP HOLLYWOOD, FL33019	STREET ADDRESS	CITY-ST-ZIP
TITLE VSD	NAME MARIAN, OLGA YOLANDA	TITLE	NAME
STREET ADDRESS 2771 OCEAN CLUB # 107	CITY-ST-ZIP HOLLYWOOD, FL 33019	STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME CADELLI, DEBORA	TITLE	NAME
STREET ADDRESS 2771 OCEAN CLUB # 107	CITY-ST-ZIP HOLLYWOOD, FL 33019	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 exemption stated in Section 119.07(3)(b), 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: *Debora Cadelli* **DEBORA CADELLI** **4/28/08** **786 797-3633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #