


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000070907</b> 1. Entity Name CUPON LATINO, INC.		
Principal Place of Business 13030 ISABELLA TERR. SUITE 607 DELRAY BEACH, FL 33446		Mailing Address 13030 ISABELLA TERR. SUITE 607 DELRAY BEACH, FL 33446
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  EDISIS, JACQUELINE 13030 ISABELLA TER DELRAY BEACH, FL 33446		<b>DO NOT WRITE IN THIS SPACE</b>
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 restate.)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000334425 04/27/05-80044-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDISIS, JACQUELINE 13030 ISABELLA TER DELRAY BEACH, FL 33446	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>Jacqueline Edisis</u> <u>Apr. 19, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		