

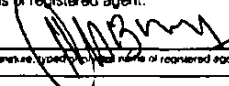
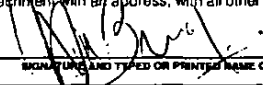
6/20/2005-90004-036-\$160.00-\$160.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012449			
1. Entity Name CPY, CORPORATION			
Principal Place of Business 4753 NW 97 CT MIAMI, FL 33178		Mailing Address 4753 NW 97 CT MIAMI, FL 33178	
2. Principal Place of Business 9923 Costa Del Sol Blvd.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Doral		City & State	
Zip FL	Country 33178	Zip	Country
4. FEI Number 02-0541929		Applied Fee Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		05282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CABRERA, PEDRO M 4753 NW 97 CT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		Pedro Cabrera 6-1-05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PD CABRERA, PEDRO M 4753 NW 97 CT MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please change Address to 9923 Costa Del Sol Blvd Doral FL 33178 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Pedro Cabrera 6-1-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	