FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90758 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012449

1. Entity Name
CPY, CORPORATION

Principal Place of Business	Mailing Address
9395 S.W 77 AV SUITE 2037 MIAMI Fl. 33156	9395 S.W 77 AV ~~Suite 2037~~ MIAMI Fl 33156
2. Principal Place of Business: 281 CORRY Village	3. Mailing Address: 281 CORRY Village
Suite, Apt. #, etc.: 13	Suite, Apt. #, etc.: 13
City & State: Gainesville Fl.	City & State: GAINESVille, Fl.
Zip: 32603 Country:	Zip: 32603 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0541929 ☐ Applied ☐ Not App

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA PEDRO M. 9395 S.W. 77 AV, STE, 2037 Miami Fl 33156	Name: Street Address (P.O. Box Number is Not Acceptable): 281 CORRY Village SUITE 13 City: GAINESVille FL Zip Code: 32603

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 a the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fe

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME	PD CABRERA, PEDRO M. ☐ Delete	TITLE / NAME	☒ Change ☐
STREET ADDRESS	9395 S.W. 77 AV, STE 2037	STREET ADDRESS	281 CoRRY Village #13
CITY-ST-ZIP	Miami Fl 33156	CITY-ST-ZIP	GAINESVille, Fl 32603
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐
STREET ADDRESS		STREET ADDRESS	
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TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 inform 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 di 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 Bloc changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/9/03 (786) 200-3989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #