

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT# P02000058763**

1. Entity Name  
GOPE ENTERPRISES, INC.



Principal Place of Business  
126 HIALEAH DRIVE  
HIALEAH, FL 33010

Mailing Address  
126 HIALEAH DRIVE  
HIALEAH, FL 33010



04172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0725870

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VARGAS, YADINA  
126 HIALEAH DRIVE  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	P PENA, SYLVIA 17511 NW 88 AVE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VARGAS, YADINA 3495 W 2ND AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC VARGAS, YADINA 3495 W 2ND AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES VARGAS, YADINA 3495 W 2ND AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000138011  
04/29/04-80064-006 150.00

**DO NOT WRITE  
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)(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04  
Date

305-885-6233  
Daytime Phone #