

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 002 ***150.00

DOCUMENT # P02000101807

1. Entity Name
ALDOBACOPA CORP.



Principal Place of Business
ONE BEACH DR SE STE 220
ST PETERSBURG, FL 33701

Mailing Address
~~11 42ND ST. NORTH, #204~~
~~SAINT PETERSBURG, FL 33713~~
5388 Ferndale Place
Pinellas Park, FL 33782



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2328901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASHCRAFT, EDELGARD G
~~11 42ND ST N STE 204~~ 5388 Ferndale Place
~~ST PETERSBURG, FL 33713~~ Pinellas Park, FL 33782

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOMSCHEIT, ALFRED
STREET ADDRESS PARKAUE 20, 22926 AHRENSBURG
CITY-ST-ZIP GERMANY,

TITLE D
NAME DOMSCHEIT, CHRISTEL
STREET ADDRESS PARKAUE 20, 22926 AHRENSBURG
CITY-ST-ZIP GERMANY,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2008

Date

(727) 544-1760

Daytime Phone #