

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90108 012 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000121203  
 Entity Name  
 COPROINSA CORP

**DO NOT WRITE IN THIS SPACE**

70055115

1. Principal Place of Business 6015 NW 87 AVE Suite, Apt. #, etc.		3. Mailing Address 6015 NW 87 AVE Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip FI	Country 33178	Zip FI	Country 33178

DO NOT WRITE IN THIS SPACE

4. FEI Number 12-3685669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LARRY GONZALEZ	
Street Address (P.O. Box Number is Not Acceptable) 6015 NW 87 AVE	
City MIAMI	Zip Code FL 33178

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.

SIGNATURE X <i>[Signature]</i> Signature of officer or director of registered agent and sole proprietor	(NOTE: Registered Agent signature required when necessary)	DATE
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDR LARRY GONZALEZ 6015 NW 87 AVE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DR LEWIS GONZALEZ 6015 NW 87 AVE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address with all other like empowers.

SIGNATURE X <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #
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