

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154786

Entity Name: CP ONE INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

135 EILEEN WAY
SYOSSET, NY 11791

New Principal Place of Business:

Current Mailing Address:

135 EILEEN WAY
SYOSSET, NY 11791

New Mailing Address:

FEI Number: 90-0136244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, PETER ESQ
7563 CAPE VERDE LANE
LAKEWORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SADANA, TARUN
Address: 25 WILDWOOD DRIVE
City-St-Zip: LAUREL HOLLOW, NY 11791

Title: D () Delete
Name: LEVY, SCOTT
Address: 37 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747

Title: D () Delete
Name: VERMA, RANJAN
Address: 46 LEGENDS CIRCLE
City-St-Zip: MELVILLE, NY 11747

Title: D () Delete
Name: KAPOOR, ANIL
Address: 11 WINCHESTER DRIVE
City-St-Zip: MUTTONTOWN, NY 115454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANJAN VERMA

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date