

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000081570

1. Entity Name
COPESA, INC.



FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

20 ZAMORA AVE. #2
CORAL GABLES, FL 33134

Mailing Address

20 ZAMORA AVE. #2
CORAL GABLES, FL 33134



09152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0091899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCILA, LUDIVIA
20 ZAMORA AVE. #2
CORAL GABLES, FL 33134

**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

U0000009359859

09/18/08-80002-020 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ARCILA, LUDIVIA
STREET ADDRESS	20 ZAMORA AVE. #2
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	SANCHEZ, OSCAR E
STREET ADDRESS	20 ZAMORA AVE. #2
CITY - ST - ZIP	CORAL GABLES, FL 33134
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08

Date

Outgoing Phone #