


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000003775</b>		
1. Entity Name <b>COPACABANA ENTERPRISES GROUP, INC.</b>		
Principal Place of Business <b>10975 N.W. 29TH STREET MIAMI, FL 33172</b>	Mailing Address <b>6370 SW 16TH STREET MIAMI, FL 33155</b>	



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2133941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CASTRESANA, JORGE 6370 SW 16TH STREET MIAMI, FL 33155</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTRESANA, JORGE 6370 SW 16TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABEL, LOURDES 6370 SW 16TH STREET MIAMI, FL 33155
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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:** Castresana  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 7863360336  
Date Daytime Phone #