

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017385

Entity Name: CORPOLICENSE, INC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

3446 SW 8 STREET
SUITE 216
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

3446 SW 8 STREET
SUITE 216
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-2270722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORBERG, GLORIA
3446 SW 8TH STREET
216
MIAMI, FL 33135 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BORBERG, GLORIA
Address: 3446 SW 8TH STREET 216
City-St-Zip: MIAMI, FL 33135

Title: VP () Delete
Name: BORBERG, MARCO
Address: 3446 SW 8TH STREET 216
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GLORIA BORBERG

P

07/09/2008

Electronic Signature of Signing Officer or Director

_____ Date