

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90002 047 \*\*\*150.00

<b>DOCUMENT # P05000096444</b> 1. Entity Name <b>COPINOL ENTERPRISES, INC.</b>																													
Principal Place of Business <b>7955 NW 12 ST STE 400 MIAMI, FL 33126</b>			Mailing Address <b>7955 NW 12 ST STE 400 MIAMI, FL 33126</b>																										
2. Principal Place of Business - No P.O. Box # <b>1470 NW 107 AVENUE</b> Suite, Apt. #, etc. <b>SUITE E</b>		3. Mailing Address <b>1407 NW 107 AVENUE</b> Suite, Apt. #, etc. <b>SUITE E</b>																											
City & State <b>MIAMI, FLORIDA</b> Zip <b>33172</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33172</b>		4. FEI Number <b>20-3855613</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>LANDAVERDE, SALVADOR ELMER</b> <b>7955 NW 12 ST STE 400</b> <b>MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1470 NW 107 AVENUE</b> <b>SUITE C</b> City <b>MIAMI</b>																										
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>4/28/08</b>																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>DPVS LANDAVERDE, SALVADOR ELMER</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>7955 NW 12 ST STE 400</b></td> <td></td> </tr> <tr> <td></td> <td><b>MIAMI, FL 33126</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete		<b>DPVS LANDAVERDE, SALVADOR ELMER</b>	<input type="checkbox"/>		<b>7955 NW 12 ST STE 400</b>			<b>MIAMI, FL 33126</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td></td> <td><b>1470 NW 107 AVENUE, STE E</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>MIAMI, FL 33172</b></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition		<b>1470 NW 107 AVENUE, STE E</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>		<b>MIAMI, FL 33172</b>				
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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: <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
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