2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P06000139523

Entity Name: COPACABANA CUBAN/LATIN FOOD INC.

Current Principal Place of Business:

7015 MILLS RD
WINTER PARK, FL 32792 US

New Principal Place of Business:

2358 E SEMORAN BLVD
APOPKA, FL 32703 US

Current Mailing Address:

7015 MILLS RD
WINTER PARK, FL 32792 US

New Mailing Address:

2358 E SEMORAN BLVD
APOPKA, FL 32703 US

FEI Number: 20-5837736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTO, ROSA A
7015 MILLS RD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

SANTOS, SONIA
2013 JOHN HENRY CIR
513
APOPKA, FL 32703 US

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: SONIA SANTOS 04/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOTO, ROSA A
Address: 7015 MILLS RD
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Delete
Name: SANTOS, SONIA
Address: 7015 MILLS RD
City-St-Zip: WINTER PARK, FL 32792 US

Title: T (X) Delete
Name: SOTO, MIGUEL
Address: 7015 MILLS RD
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANTOS, SONIA
Address: 2358 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 US

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: SONIA SANTOS P 04/23/2008
Electronic Signature of Signing Officer or Director Date