

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90028 023 \*\*\*150.00

DOCUMENT # P07000031173

1. Entity Name  
ACOPREL INC



Principal Place of Business  
68 SPRINGDALE ROAD  
LAKE WORTH, FL 33467 US

Mailing Address  
68 SPRINGDALE ROAD  
LAKE WORTH, FL 33467 US

2. Principal Place of Business - No P.O. Box #  
608 Fanshaw O  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 880293  
Suite, Apt. #, etc.



07172008 Chg-P CR2E034 (12/06)

City & State  
Boca Raton, FL  
Zip 33434 Country US

City & State  
Boca Raton, FL  
Zip FL33488 Country US

4. FEI Number  
20-8571503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROMANELLI, MONICA B  
68 SPRINGDALE ROAD  
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent  
Name Monica B Romanelli  
Street Address (P.O. Box Number is Not Acceptable)  
608 Fanshaw O  
City Boca Raton FL Zip Code 33434

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 *Monica B Romanelli* Monica B Romanelli 7/18/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	LONDONO, JORGE E	
STREET ADDRESS	68 SPRINGDALE ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMANELLI, MONICA B	
STREET ADDRESS	68 SPRINGDALE ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	LONDONO, Jorge E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	608 Fanshaw O	
STREET ADDRESS	Boca Raton, FL 33434	
CITY-ST-ZIP		
TITLE	Romanelli, Monica B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 880293	
STREET ADDRESS	Boca Raton, FL 33488	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE: *Monica B Romanelli* Monica B Romanelli 7/18/08 5615840000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #