2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Jan 31, 2008 08:00		
DOCU	MENT # P950000419		Secretary of Sta			
	COVERY PLAY INC.					
Principal Place 2642 W 3 A HIALEAH, FL	VE CD	Mailing Address 2642 W 3 AVE CD HIALEAH, FL 33010			M 14107 GIII7 NGI GG GG	
t'	Y		1			
DO NOT WRITE IN THIS SPA			CE	01142008 4. FEI Numb 65-058 5. Certificate		CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	ristered Agent		-	•	1.00 Medanea
REGALADO, RONIEL 8915 N.W. 144 TERRACE MIAMI LAKES, FL 33018					NOT W THIS SP	
the obligat	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tri	tte if applicable (NOTE Registere	ed Agent signature required	I when reinstating)		0809181 -90012-002 158 75
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution			~ _ +	.00 May Be ed to Fees	- UEFUUFUU	788816-1986-1981-198
10.	OFFICERS AND DIRI	ECTORS	1.0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGALADO, APOLONIO 810 NE 4TH PL HIALEAH, FL 33010					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROVIEL, REGALADO 8915 NW 144 TERRACE MIAMI LAKES, FL 33018					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ·	_	DO	NOT W	'RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•.	,	IN 7	THIS SP	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 ap address, who all other like empowered.

SIGNATURE: _

SIGNATURE AND PYPED ON PRIATED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 305 99857087