A) The same of the

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000098006

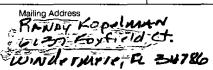
1. Entity Name

KOPELMAN INVESTMENTS, INC.



Principal Place of Business

3504 US HIGHWAY 27 SEBRIG, FL 33870 US



FILED Feb 24, 2004 8:00 am Secretary of State

02-24-2004 90010 031 ***150.00

DABTARIA



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4.	FEI Number		Applied For
	59-3364793	Γ_	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDY KOPELMAN 6215 S. O.B.T. ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

 In a 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPELMAN, RANDALL K 6215 SOUTH ORANGE BLOSSOM TF ORLANDO, FL 32809	RAIL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP	جار العالم السيمة و 1.5 مستقيد ريازي ال		Fr. (ST)	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this country supplied with this filing does not qualify and that my signature shall have the same legal effect as if made under certify that the information								

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 407-83248

Daytime