


**2010 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # P96000002042</b><br>1. Entity Name<br>KUPI ENTERPRISES, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>650 HIGH POINT COURT<br>MERRITT ISLAND, FL 32952 | Mailing Address<br>650 HIGH POINT COURT<br>MERRITT ISLAND, FL 32952 |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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**FILED**  
10 MAY 13 PM 4:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

04022008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3354988                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>KUPI, GREGORY<br>650 HIGH POINT COURT<br>MERRITT ISLAND, FL 32952 | <b>DO NOT WRITE IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

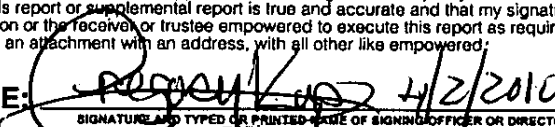
|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KUPI, GREGORY<br>650 HIGH POINT COURT<br>MERRITT ISLAND, FL 32952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

800180843788  
05/13/10--01030--002 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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:**  4/2/2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory KUPI  
4/2/2010  
Date Daytime Phone #