

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000018049

1. Entity Name
COPPER SPORT CORPORATION



Principal Place of Business
111 NE 1ST STREET
2ND FLOOR
MIAMI, FL 33132

Mailing Address
111 NE 1ST STREET
2ND FLOOR
MIAMI, FL 33132



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0731856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAURE, JACINTO E
111 NE 1ST STREET
2ND FLOOR
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JAURE, JACINTO E
STREET ADDRESS 111 NE 1ST ST., 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE VD
NAME JAURE, PAULA J
STREET ADDRESS 111 NE 1ST ST., 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE SD
NAME JAURE, DAVID D
STREET ADDRESS 111 NE 1ST ST., 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE TD
NAME JAURE, PAUL A
STREET ADDRESS 111 NE 1ST ST., 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000794389
01/28/08-80006-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

305 371 1847

Daytime Phone #