2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P97000043453

Entity Name: KOPSTEIN INVESTMENTS, INC.

Current Principal Place of Business:

POST OFFICE BOX 420854
MIAMI, FL 33342

New Principal Place of Business:

2120 NW 14TH AVE
MIAMI, FL 33142

Current Mailing Address:

POST OFFICE BOX 420854
MIAMI, FL 33342

New Mailing Address:

POST OFFICE BOX 420854
MIAMI, FL 33242

FEI Number: 65-0754351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE #125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NOVAS, BETTY
Address: 2120 NW 14 AVE
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: KOPSTEIN, SADIE
Address: 2120 NW 14 AVE
City-St-Zip: MIAMI, FL 33142

Title: VDS ( ) Delete
Name: NOVAS, RONALD J
Address: 2120 NW 14 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY NOVAS PD 01/10/2007

Electronic Signature of Signing Officer or Director — Date