


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000082903

1. Entity Name
 POPI'S, INC.



Principal Place of Business
 815 8TH AVENUE WEST
 PALMETTO, FL 34221

Mailing Address
 815 8TH AVENUE WEST
 PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0876093	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERES, KALLIOPI E
 320 RIVERSIDE DRIVE
 PALMETTO, FL 34221

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMERES, KALLIOPI E 520 RIVERSIDE DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMERES, EMMANUEL 520 RIVERSIDE DRIVE PALMETTO, FL 34221
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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: *Emmanuel Ameres* 5/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #