


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb-19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002640 1. Entity Name SACOPA, INC.	
---	---

Principal Place of Business 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496
--	--

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0894128	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent SAMA, JOSEPH 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496	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 *Joseph SAMA* (NOTE: Registered Agent signature required when registering) DATE 2-17-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D SAMA, JOSEPH 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COULOMBE, JACINTHE 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARONE, BENNY 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000056738
02/19/04-80032-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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: *Joseph SAMA* **JOSEPH SAMA** **PRESIDENT** 2-17-04 561 9946662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #