


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000002640</b> 1. Entity Name SACOPA, INC.	
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Principal Place of Business

5030 CHAMPION BOULEVARD, SUITE D1  
BOCA RATON, FL 33496

Mailing Address

5030 CHAMPION BOULEVARD, SUITE D1  
BOCA RATON, FL 33496



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0894128

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMA, JOSEPH
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	COULOMBE, JACINTHE
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	BARONE, BENNY
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000190363  
01/24/05-80132-005 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

1561-994666

Daytime Phone #