


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000002640 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 |
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DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

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| 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 _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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07/06/06-80011-014 550.00

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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: *Joseph SAMA* PRESIDENT 6/28/06 561-9946460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR