

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90051 017 ***150.00

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
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40012000



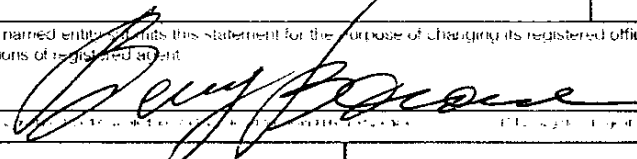
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SAMA, JOSEPH 5030 CHAMPION BOULEVARD, SUITE D1 BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Benny Barone Street Address (P.O. Box Number is Not Acceptable) 16950 Jog Road, Suite 103 Delray Beach, Florida 33446 City FL Zip Code	
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4. FEI Number 65-0894128	Applied For ☐ Not Applicable
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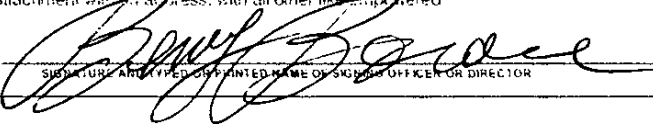
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SAMA, JOSEPH		NAME		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1		STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON, FL 33496		CITY, ST, ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	COULOMBE, JACINTHE		NAME		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1		STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON, FL 33496		CITY, ST, ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARONE, BENNY		NAME		
STREET ADDRESS	5030 CHAMPION BOULEVARD, SUITE D1		STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON, FL 33496		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		

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 filings submitted.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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