FILED
May 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000064118

1. Entity Name
KOPENHAGEN OF AMERICA, INC

Principal Place of Business	Mailing Address
3300 NE 32ND STREET FORT LAUDERDALE, FL 33308	3300 NE 32ND STREET SUITE #601 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1003887
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOS, MANRO C ESQ
25 SE SECOND AVE
SUITE 1235
MIAMI, FL 33131

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $600.00

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

000001S66683
05/05/04-80085-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIGUEIREDO DE MORAES CLAUDIA REGINA
STREET ADDRESS	3300 NE 32ND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	MONTEIRO, JOSE RENATO
STREET ADDRESS	3410 GALT OCEAN DRIVE #705N
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 and address are in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGN HERE
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #