

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # V63786

1. Entity Name
COPANS (PHASE I), INC.



Principal Place of Business
2100 PARK CENTRAL BLVD. N.
900
POMPANO BEACH, FL 33064 US

Mailing Address
2100 PARK CENTRAL BLVD. N.
900
POMPANO BEACH, FL 33064 US



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0372636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THEODORE J KLEIN, ATTY
88 NE 168TH ST
SUITE 900
N MIAMI BCH, FL 33162

**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, 2004 Fee will be \$550.00

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

000000156804
05/05/04-80088-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SREDNI, ISAAC
2875 NE 191 ST PH 1
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
AZOUT, JACK
2875 NE 191 ST PH 1
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SREDNI, ERWIN
2875 NE 191 ST PH-1
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Date

Daytime Phone #