

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90097 043 \*\*\*150.00

**DOCUMENT # V63786**

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



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

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

**50048758**



2. Principal Place of Business  
2875 N.E. 191<sup>ST</sup> STREET

3. Mailing Address  
2875 N.E. 191<sup>ST</sup> STREET

Suite, Apt. #, etc.  
PENTHOUSE 1B

Suite, Apt. #, etc.  
PENTHOUSE 1B

04062005 Chg-P CR2E034 (10/03)

City & State  
AVENTURA, FLORIDA

City & State  
AVENTURA, FLORIDA

4. FEI Number  
65-0372636

Applied For  
Not Applicable

Zip 33180 Country USA

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

**6. Name and Address of Current Registered Agent**

THEODORE J KLEIN, ATTY  
8030 PETERS ROAD  
BUILDING D, SUITE # 104  
PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Erwin Sredni

Date

Daytime Phone #

4/27/05

305 935 9940