2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #V63786

1. Entity Name

COPANS (PHASE I), INC.



FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90070 005 ***150.00

Principal Place of Business Mailing Address 400 **2875 NE 191ST STREET** 2875 NE 191ST STREET PENTHOUSE 1B PENTHOUSE 1B MIAMI, FL 33180 MIAMI, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0372636 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THEODORE J KLEIN, ATTY 1992 Street Address (P.O. Box Number is Not Acceptable) 8030 PETERS ROAD **BUILDING D STE #104** FORT LAUDERDALE, FL 33324 Zip Code FL 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition DP TITLE ☐ Deicte TITLE NAME NAME SREDNI, ISAAC STREET ADDRESS STREET ADDRESS 2875 NE 191 ST PH 1 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE

AZOUT, JACK NAME NAME STREET ADDRESS STREET ADDRESS 2875 NE 191 ST PH 1 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE SREDNI, ERWIN NAME NAME 2875 NE 191 ST PH-1 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP AVENTURA, FL 33180 CITY-ST-ZIP Gilinski San) Uchang 2875 N. E. 1915 Ver, PH7 Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS , Flor 2 33180 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental roport 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 further employered 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ●