

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90022 027 ***150.00

DOCUMENT # V63786

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



Principal Place of Business

2875 NE 191ST STREET
PENTHOUSE 1B
MIAMI, FL 33180 US

Mailing Address

2875 NE 191ST STREET
PENTHOUSE 1B
MIAMI, FL 33180 US

40104724



02012008 No Chg-P CR2E034 (11/05)

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
8030 PETERS ROAD
BUILDING D STE #104
FORT LAUDERDALE, FL 33324
Plantation

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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, 2008 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
NAME	SREDNI, ISAAC
STREET ADDRESS	2875 NE 191 ST PH 1
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	SD
NAME	AZOUT, JACK
STREET ADDRESS	2875 NE 191 ST PH 1
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD
NAME	SREDNI, ERWIN
STREET ADDRESS	2875 NE 191 ST PH-1
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	DVP
NAME	GILINSKI, SAUL
STREET ADDRESS	2875 NE 191ST ST, PH-1
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #