

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63786

FILED
Mar 10, 2009
Secretary of State

Entity Name: COPANS (PHASE I), INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0372636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEODORE J KLEIN, ATTY
8030 PETERS ROAD
BUILDING D STE #104
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SREDNI, ISAAC
Address: 2875 NE 191 ST PH 1
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: AZOUT, JACK
Address: 2875 NE 191 ST PH 1
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: SREDNI, ERWIN
Address: 2875 NE 191 ST PH-1
City-St-Zip: AVENTURA, FL 33180

Title: DVP () Delete
Name: GILINSKI, SAUL
Address: 2875 NE 191ST ST, PH-1
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK AZOUT

SD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date