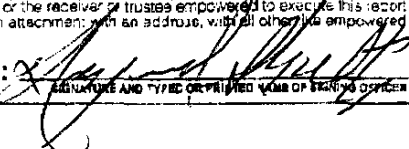


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 047 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N11627					
1. Entity Name COOPPA, INC.					
Principal Place of Business 13550 SW 10TH STREET PEMBROKE PINES, FL 33027			Mailing Address 13550 SW 10TH STREET PEMBROKE PINES, FL 33027		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2564178				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRALEY & OTTO, P.A. 3990 SHERIDAN STREET - SUITE 109 HOLLYWOOD, FL 33021				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added as Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHULTZ, RAYMOND		NAME		
STREET ADDRESS	650 SW 124TH TERRACE		STREET ADDRESS		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33027		CITY-STATE-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRANT, ROBERT		NAME		
STREET ADDRESS	13256 SW 16TH CT		STREET ADDRESS		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33027		CITY-STATE-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TERMIN'S, CATHY		NAME		
STREET ADDRESS	612 SW 138TH AVE		STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD, FL 33027		CITY-STATE-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOSES, WILLIAM		NAME		
STREET ADDRESS	13700 SW 14TH ST.		STREET ADDRESS		
CITY-STATE-ZIP	HOLLYWOOD, FL 33027		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 617, 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: 				Date: 4/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF TRUSTEE, OFFICER OR DIRECTOR				Daytime Phone #	

40066278



04012006 Chg:NP CR2E037 (11/05)