

APR 26 2006 1:30PM H N SKIP

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 001 ****61.25

**2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04262007 Chg-NP	CR2E037 (12/06)
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. 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312		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 resigning)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULTZ, RAYMOND 650 SW 124TH TERRACE PEMBROKE PINES, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, ROBERT 13255 SW 18TH CT PEMBROKE PINES, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERMINIS, CATHY 512 SW 138TH AVE HOLLYWOOD, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSES, WILLIAM 13700 SW 14TH ST. HOLLYWOOD, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Raymond Shultz</u> 4/29/07		Date _____	