

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P93000050053**

1. Entity Name  
**COOPER CREDIT AND COMMERCE INTERNATIONAL,  
INC.**



Principal Place of Business

**3510 BISCAYNE BLVD.  
200  
MIAMI, FL**

Mailing Address

**3510 BISCAYNE BLVD.  
200  
MIAMI, FL**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0456249**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOGHADDAM, ANVAR B  
12731 SW 119 STREET  
MIAMI, FL 33186**

**DO NOT WRITE  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE VP  
NAME BEHNAM BASHIRI  
STREET ADDRESS 11330 S.W. 115 TERRACE  
CITY-ST-ZIP MIAMI, FL

TITLE VP  
NAME ROSA LINA COBIAN  
STREET ADDRESS 3510 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33137

TITLE V/P  
NAME MOHSEN KHATIBI  
STREET ADDRESS 11330 SW 115 TERR.  
CITY-ST-ZIP MIAMI, FL 33176

TITLE V/P  
NAME KUROSH B. MOGHADDAM  
STREET ADDRESS 11330 SW 115 TERR  
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP  
NAME MOGHADDAM, KAMBIZ B.  
STREET ADDRESS 11330 SW 115 TERRACE  
CITY-ST-ZIP MIAMI, FL

TITLE P  
NAME MOGHADDAM, ANVAR B  
STREET ADDRESS 12731 SW 119 STREET  
CITY-ST-ZIP MIAMI, FL 33186

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01/10/05-80019-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

1/7/05 (355) 576-9920