

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 589806	
1. Entity Name COOPER-GENERAL CORPORATION	

FILED
04 AUG 30 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1787 NW 79 AVE. MIAMI, FL 33126 US	Mailing Address 1787 NW 79 AVE. MIAMI, FL 33126 US
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2. Principal Place of Business 1787 NW 79 Ave	3. Mailing Address 1787 NW 79 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL.	City & State Miami, FL.
Zip 33126	Zip 33126
Country USA	Country USA

08242004	Chg-P	CR2E034 (10/03)
4. FEI Number 59-1862631	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FRESCO, JOHN M. 9971 S.W. 16TH STREET MIAMI, FL 33165	

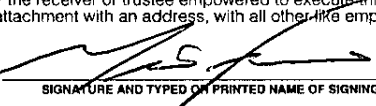
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 reinstating)

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRESCO, JOHN M. 9971 SW 16TH STREET MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Michael G. Fresco 2921 sw 132 Ave Mia, FL. 33175 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FRESCO, MICHAEL G 2921 SW 132 AVE. MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV John M. Fresco 9971 sw 16th Street Mia, FL. 33165 ☒ 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Michael Fresco
	8-19-04 305-223-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #