

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002808

FILED
Apr 28, 2009
Secretary of State

Entity Name: LYNX - COOPER ENTERPRISES, INC.

Current Principal Place of Business:

6081 SILVER KING BLVD., UNIT 904
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

6081 SILVER KING BLVD., UNIT 904
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 58-2438737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, LAURA
6081 SILVER KING BLVD., UNIT 904
CAPE CORAL, FL 33914 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: PC () Delete
Name: RESTREPO, LAURA
Address: 6081 SILVER KING BLVD., UNIT 904
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SILVERMAN, MARIA
Address: 302 OGLETHORPE DR.
City-St-Zip: ATLANTA, GA 30319

Title: D () Delete
Name: MAUVE, KYLE
Address: 2657 LENOX RD., #139
City-St-Zip: ATLANTA, GA 30324

Title: S () Delete
Name: RESTREPO, NICOLE
Address: 195 BAY COLT RD.
City-St-Zip: ALPHARETTA, GA 30004

Title: T () Delete
Name: RESTREPO, MAUCO
Address: 195 BAY COLT RD.
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SULLIVAN, MARIA
Address: 302 OGLETHORPE DR.
City-St-Zip: ATLANTA, GA 30319

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: LAURA RESTREPO

CP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date