


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002333
 1. Entity Name
 COOPER COMMUNICATIONS GROUP, INC.



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| Principal Place of Business 1101 STEWART AVE SUITE 2E GARDEN CITY, NY 11530 | Mailing Address 1101 STEWART AVE SUITE 2E GARDEN CITY, NY 11530 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|--|
| 4. FEI Number 11-2745680 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when relistating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U00000184767
 01/20/05-80041-018 158 75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COOPER, IRWIN 1101 STEWART AVE STE 2E GARDEN CITY, NY 11530 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CANOVA, GREGORY P 1101 STEWART AVE STE 2E GARDEN CITY, NY 11530 |
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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 officers empowered.

SIGNATURE: _____ **01/07/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #