

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# N11627

Entity Name: COOPPA, INC.

Current Principal Place of Business:

13550 SW 10TH STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

13550 SW 10TH STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 59-2564178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICKMAN, LARRY Z ESQ
1850 SW FOUNTAINVIEW BLVD
STE 207
PORT SAINT LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHULTZ, RAYMOND
Address: 650 SW 124TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD () Delete
Name: GRANT, ROBERT
Address: 13255 SW 16TH CT
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD () Delete
Name: TERMINIE, CATHY
Address: 512 SW 138TH AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: VP () Delete
Name: MOSES, WILLIAM
Address: 13700 SW 14TH ST.
City-St-Zip: HOLLYWOOD, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY SHULTZ

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date