

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-05-2004 90250 038 ***158.75

DOCUMENT # P01000080269 1. Entity Name COOPER ENT GROUP, INC.	
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Principal Place of Business 5700 NW 22ND AVENUE MIAMI, FL 33142	Mailing Address 5700 NW 22ND AVENUE MIAMI, FL 33142
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66425407



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1136504	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ETAYEM, JEAFFAR M 5700 NW 22ND AVENUE MIAMI, FL 33142

**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 re-registering) DATE _____

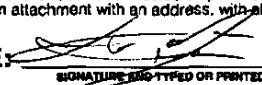
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ETAYEM, JEAFFAR M 5700 NW 22ND AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMDAN, INTESAR 5700 NW 22ND AVENUE MIAMI, FL 33142
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**DO NOT WRITE
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)(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:  **5/26/04 6380757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #