

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90239 036 \*\*\*150.00

**50020815**



02262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000038470</b>					
1. Entity Name COOPER DELIVERY SERVICES INC.					
Principal Place of Business 1971 LYONS RD #205 COCONUT CREEK, FL 33063			Mailing Address 3799 WOODFIELD DRIVE COCONUT CREEK, FL 33073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0642905	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LIVERPOOL, RUTH 8428 W OAKLAND PARK BLVD SUNRISE, FL 33351			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: <i>[Signature]</i> DATE: 2/25/05					
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: COOPER, MICHAEL			NAME:		
STREET ADDRESS: 1971 LYONS RD #205			STREET ADDRESS:		
CITY-ST-ZIP: COCONUT CREEK, FL 33063			CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY-ST-ZIP:			CITY-ST-ZIP:		
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: <i>[Signature]</i>			Date: 2/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Telephone: (561) 746-2881		