2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114148

1300 N. FEDERAL HWY #212

BOCA RATON, FL 33432

Address:

City-St-Zip:

FILED Jul 08, 2005 Secretary of State

Entity Nar	ne: COOPE	R PLAZA MANAGEMENT	CO., INC.			
Current Principal Place of Business:				New Principal Place of Business:		
1300 NORTH FEDERAL HIGHWAY SUITE 212 BOCA RATON, FL 33432				9610 GRIFFIN ROAD COOPER CITY, FL 33328		
Current Mailing Address:				New Mailing Address:		
1300 NORTH FEDERAL HIGHWAY SUITE 212 BOCA RATON, FL 33432				9610 GRIFFIN ROAD COOPER CITY, FL 33328		
FEI Number:	32-0047300	FEI Number Applied For	() FEI Num	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SCHULTZ, AMY E 1300 NORTH FEDERAL HIGHWAY SUITE 212 BOCA RATON, FL 33432 US				LINET, RHONDA S 9610 GRIFFIN ROAD COOPER CITY, FL 33	3328 US	
	named entity of Florida.	submits this statement for	r the purpose of	f changing its registered	d office or registered agent, or both,	
SIGNATURE: RHONDA S LINET				07/08/2005		
	Electro	onic Signature of Register	ed Agent		Date	
		93(2)(b), F.S., the corporation ng Trust Fund Contribution (he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LINET, HARR	ERAL HWY #212		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LINET, RHON	ERAL HWY #212		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (THALER, MAN	X) Delete NLEY H		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: RHONDA S LINET 07/08/2005 D