2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053326

BASKIND, DAVID

3452 JUJUBE DR

ORLANDO, FL 32810

Name:

Address:

City-St-Zip:

FILED Jul 02, 2004 Secretary of State

Entity Nan	ne: TRIPLE S	COOP, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	Y OAKS CIR LM BEACH, FI	_ 33411						
Current Mailing Address:				New Mailing Address:				
	Y OAKS CIR LM BEACH, FI	_ 33411						
FEI Number: 27-0057138 FEI Number Applied For () FEI N				mber Not Applicable () Certificate of Sta			of Status Desired ()	
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:			
	EITH Y OAKS CIR LM BEACH, FI	_ 33411						
The above in the State		ubmits this statement fo	r the purpose o	of changing it	ts registered o	office or regi	stered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
		(2)(b), F.S., the corporation Trust Fund Contribution (the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TOALE, KEITH 2735 MISTY OA	Delete KS CIR EACH, FL 33411		Title: Name: Address: City-St-Zip:	() Change()/	Addition	
Title: Name: Address: City-St-Zip:	D () PATEL, ANKUR 4548 NW 51 CT COCONUT CRE			Title: Name: Address: City-St-Zip:	D (X PATEL, ANKUF 11326 NW 341 SUNRISE, FL	TH PL	Addition	
Title: Name: Address: City-St-Zip:	D () BASKIND, JONA 176 JACKSON A SYOSSET, NY	VE APT B		Title: Name: Address: City-St-Zip:	() Change()/	Addition	
Title:	D ()	Delete		Title:	D (X	() 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.

Name:

Address:

City-St-Zip:

TOALE, DAVID

14081 WELLINGTON TRACE

WELLINGTON, FL 33414

SIGNATURE: KEITH TOALE PRES 07/02/2004