2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2005 8:00 am Secretary of State DOCUMENT # P04000063990 1. Entity Name 05-03-2005 90159 006 ***150.00 DTG OF COOPER CITY, INC. Principal Place of Business Mailing Address 1836 MONTE CARLO WAY CORAL SPRINGS FL 33071 1836 MONTE CARLO WAY CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame WEINBERG, STEVEN A Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG & BLACK, P.C. 7805 SW SIXTH COURT PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Defete DHE ☐ Change ☐ Addition CIANCIULLI, STEPHEN E NAME NAME 9485 SUNSET DRIVE, SUITE A-150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP STD ☐ Delete Change ☐ Addition GOBSTEIN, HAROLD NAME STREET ADDRESS 1836 MONTE CARLO WAY STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CHY-ST-7P 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.

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