
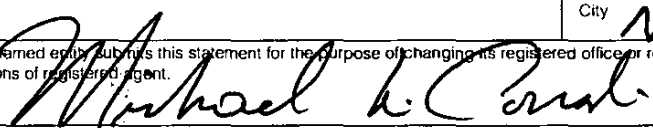
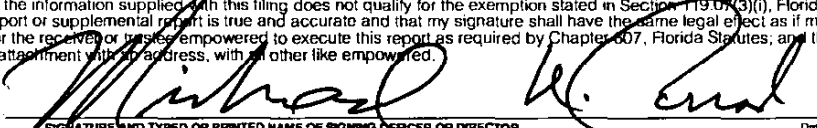


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 036 ***158.75

DOCUMENT # P04000070651 1. Entity Name CORRADI COOPER STREET, INC.					
Principal Place of Business 3047 HORIZON LANE, UNIT 1903 NAPLES, FL 34019			Mailing Address 3047 HORIZON LANE, UNIT 1903 NAPLES, FL 34019		
2. Principal Place of Business 740 WEST ST		3. Mailing Address 740 WEST ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA		4. FEI Number 20-1255084	
Zip 34108		Country COLLIER		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORRADI, MICHAEL K 3047 HORIZON LANE, UNIT 1903 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name CORRADI, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 740 WEST ST. City NAPLES FL Zip Code 34108		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRADI, MICHAEL K 3047 HORIZON LANE, UNIT 1903 NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRADI, MICHAEL K 740 WEST ST. NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Date: 7-15-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					