


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # P93000032638  
1. Entity Name  
COOPER CITY LUVN OVEN INC.



Principal Place of Business      Mailing Address  
9410 GRIFFIN RD                      1041 NW 125 AVE  
COOPER CITY, FL 33321 US          SUNRISE, FL 33323 US

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
59-1629465      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
TACHERN, DAVID  
1041 NW 125 AVE  
FORT LAUDERDALE, FL 33323

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTE, SALVATORE 11191 SW 42 CT DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALENTE, KAREN 11191 SW 42 CT DAVIE, FL
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02/04/05-80014-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *K. Valente*      1/26/05      954 434 6018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #