2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000050053

1. Entity Name
COOPER CREDIT AND COMMERCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3510 BISCAYNE BLVD. 200 MIAMI, FL	3510 BISCAYNE BLVD. 200 MIAMI, FL

03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0456249
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOGHADDAM, ANVAR B
12731 SW 119 STREET
MIAMI, FL 33186

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BEHNAM BASHIRI
STREET ADDRESS	11330 S.W. 115 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	ROSA LINA COBIAN
STREET ADDRESS	3510 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	V/P
NAME	MOHSEN KHATIBI
STREET ADDRESS	11330 SW 115 TERR.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V/P
NAME	KUROSH B. MOGHADDAM
STREET ADDRESS	11330 SW 115 TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	MOGHADDAM, KAMBIZ B.
STREET ADDRESS	11330 SW 115 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	MOGHADDAM, ANVAR B
STREET ADDRESS	12731 SW 119 STREET
CITY-ST-ZIP	MIAMI, FL 33186

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03/15/04-80091-008 150.00

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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)(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: _____ 3/12/04 (305) 498-2926.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #