

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000050053

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



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

Mailing Address
**3510 BISCAYNE BLVD.
200
MIAMI, FL**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

ANVAR MOGHADDAM

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**VP
BEHNAM BASHIRI
11330 S.W. 115 TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROSA LINA COBIAN
3510 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/P
MOHSEN KHATIBI
11330 SW 115 TERR.
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/P
KUROSH B. MOGHADDAM
11330 SW 115 TERR
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOGHADDAM, KAMBIZ B.
11330 SW 115 TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOGHADDAM, ANVAR B
12731 SW 119 STREET
MIAMI, FL 33186**

000000330669
01/24/06-80008-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANVAR MOGHADDAM

Date

Daytime Phone #

1/12/06 (305) 496-29