## **2007 FOR PROFIT CORPORATION**

## Mar 01, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-01-2007 90013 038 \*\*\*150 00 DOCUMENT # P96000045935 1. Entity Name COOPER CITY COMMERCE CENTER, INC. Principal Place of Business Mailing Address 40026792 3001 W HALLANDALE BEACH BLVD. 3001 W HALLANDALE BEACH BLVD. STE. 300 STE. 300 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 65-0674603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAZAYRI, SAM Street Address (P.O. Box Number is Not Acceptable) 3001 W HALLANDALE BEACH BLVD. STE. 300 PEMBROKE PARK, FL 33009 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 or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. STD ☐ Addition TITLE Delete TITLE ☐ Change TAVONE, JOHN H NAME NAME 3055 HARBOR DR., APT. 1502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME JAZAYRI, SAM 3001 W HALLANDALE BEACH BLVD., STE. 300 STREET ADDRESS STREET ADDRESS PEMBROKE PARK, FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

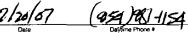
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorded and that my signature shall have the same legal effect as if made under eath; 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 e empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FILED**