

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

130.00

2007 MAY 18 P 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008682

1. Entity Name  
COOPER & BLASS INVESTMENTS, INC.



Principal Place of Business  
2900 SW 52ND AVENUE  
DAVIE, FL 33314

Mailing Address  
2900 SW 52ND AVENUE  
DAVIE, FL 33314



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1408382

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAAGENSON, ROGER D ESQ.  
SUNTRUST CENTER STE 860  
515 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BLASS, DORIS  
STREET ADDRESS C/O 2900 S.W. 52ND AVE  
CITY-ST-ZIP DAVIE, FL 33314

TITLE  
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CITY-ST-ZIP

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200103591622  
05/31/07--01007--014 \*\*1550.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris Blass DORIS BLASS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 954-584-6215  
Date Daytime Phone #