


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90066 050 \*\*\*150.00

<b>DOCUMENT # P97000034407</b>	
1. Entity Name <b>SHOPS OF COOPER CITY G.P., INC.</b>	

Principal Place of Business <b>1320 S. DIXIE HWY., STE. 781 CORAL GABLE, FL 33146</b>	Mailing Address <b>1320 S. DIXIE HWY., STE. 781 CORAL GABLE, FL 33146</b>
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2. Principal Place of Business <b>1301 SW 57 COURT Suite, Apt. #, etc. # 565</b>	3. Mailing Address <b>1301 SW 57 CT Suite, Apt. #, etc. # 565</b>
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City & State <b>SOUTH MIAMI, FL</b>	City & State <b>SOUTH MIAMI, FL</b>
Zip <b>33143</b>	Country <b>USA</b>



03292006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0777890</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BROWN, GARY L 4000 HOLLYWOOD BLVD 265-S HOLLYWOOD, FL 33021</b>		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>4/13/06</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GREENWALD, SCOTT 1320 S DIXIE HIGHWAY #781 CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1301 SW 57 COURT, # 565 SOUTH MIAMI, FL 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4-05-06</b> Daytime Phone # <b>(305) 667-2225</b>