## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000102584

1. Entity Name COOPER FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

12840 SOUTHWEST 187TH STREET MIAMI, FL 33177

12840 SOUTHWEST 187TH STREET MIAMI, FL 33177

## FILED Mar 06, 2008 8:00 am Secretary of State

03-06-2008 90038 020 \*\*\*150.00

40000000



02252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0964383 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

## 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		9	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COOPER, KENNETH S 12840 SOUTHWEST 187TH STREET MIAMI, FL 33177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, DANIELLE J 12840 SOUTHWEST 187TH STREET MIAMI, FL 33177			,	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, JANINE K 12840 SW 187 STREET MIAMI, FL 33177		D	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, NANCY R 12840 SW 187 ST MIAMI, FL 33177		1N	I THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	l ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			
12 I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119 Florida Statutes. I further certify that the information					

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 cath, that I am an officer or director of the corporation or the receiver or truetee 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: 2

NATURE AND TYPED OF PRINTED HAMPOF SIGNING OFFICER OR DIRECT

2/25/08

305 233 2300

Daytime Phone #