

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 10, 2024**

**Secretary of State**

**3928034538CC**

DOCUMENT# N11627

**Entity Name:** COOPPA, INC.

**Current Principal Place of Business:**

13550 SW 10TH STREET  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

13550 SW 10TH STREET  
PEMBROKE PINES, FL 33027

**FEI Number:** 59-2564178

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEYTON BOLIN PL  
3343 W. COMMERCIAL BLVD - STE. 100  
FORT LAUDERDALE, FL 33309 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CORPORATE SECRETARY  
Name LEVIN, JANET  
Address 1001 SW 141ST AVE  
K-303  
City-State-Zip: PEMBROKE PINES FL 33027

Title TREASURER  
Name MOSS, ELAINE  
Address 13700 SW 11TH ST  
A-412  
City-State-Zip: PEMBROKE PINES FL 33027

Title PRESIDENT  
Name ENSEY, WENDELL  
Address 850 SW 138TH AVE  
D-109  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name ALTFIELD, FLORENCE  
Address 901 SW 141ST AVENUE  
M-312  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name MAS, MARIA  
Address 13455 SW 3RD STREET  
S-102  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name MAS, FAUSTO  
Address 13455 SW 3RD STREET  
S-102  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name FRAGUELA, SHEILA  
Address 12651 SW 16TH COURT  
B-407  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name SANTIAGO, FERNANDO  
Address 750 SW 138 AVE  
#307  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ELAINE MOSS**

**TREASURER**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date