

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:**

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.  
7777 GLADES RD  
STE 400  
BOCA RATON, FL 33434 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 PD  
Name SHULTZ, RAYMOND  
Address 650 SW 124TH TERRACE, #P102  
City-State-Zip: PEMBROKE PINES FL 33027

Title TD  
Name GRANT, ROBERT  
Address 13255 SW 16TH CT  
City-State-Zip: PEMBROKE PINES FL 33027

Title SD  
Name LEVIN, JANET  
Address 1001 SW 141 AVE  
City-State-Zip: HOLLYWOOD FL 33027

Title VP  
Name MOSS, ELAINE  
Address 13700 SW 11TH ST, #A412  
City-State-Zip: HOLLYWOOD FL 33027

Title EXV  
Name WERNER, BERNICE  
Address 950 S.W 138TH ST #B-304  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name FRIED, GEORGE  
Address 1301 SW 142 AVE, #314  
City-State-Zip: HOLLYWOOD 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: RAYMOND SHULTZ**

**PRESIDENT**

**02/06/2013**

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

\_\_\_\_\_  
Date