


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90152 011 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000001594					
1. Entity Name COHEN & COMPANY, INC. REAL ESTATE					
Principal Place of Business 9 EAST 40TH STREET, 10TH FLOOR NEW YORK, NY 10016		Mailing Address 9 EAST 40TH STREET, 10TH FLOOR NEW YORK, NY 10016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3611787	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, ANDREW J 4400 PGA BLVD, SUITE 305 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name: WENDY S. LINK, ESQ. Street Address (P.O. Box Number is Not Acceptable): Ackerman, Link & Sartory, P.A. 222 Lakeview Ave., Suite 1250 City: West Palm Beach FL Zip Code: 33401	
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: <u>Wendy S. Link</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/28/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BERG, ZACHARY 4400 PGA BLVD., SUITE 305 PALM BEACH GARDENS, FL 33410	<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 any address, with all other like empowered. SIGNATURE: <u>[Signature]</u> 4/28/08 212-803-5775 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					