
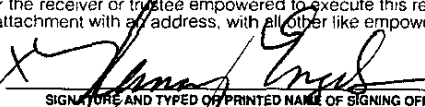


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90030 050 ****61.25

| | | | | | |
|---|--------------------------|--|---|---|-----------------------------------|
| DOCUMENT # N03402 | | | |  | |
| 1. Entity Name THE BERT AND BERNIE COHEN FOUNDATION, INC. | | | | | |
| Principal Place of Business % ROBERT M. ARLEN 110 E ATLANTIC AVE, #330 DELRAY BEACH FL 33444 | | | Mailing Address % ROBERT M. ARLEN 110 E ATLANTIC AVE, #330 DELRAY BEACH FL 33444 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2413400 | |
| Zip | Country | Zip | Country | 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 | | | 7. Name and Address of New Registered Agent | | |
| ARLEN, ROBERT M 110 E ATLANTIC AVE 330 DELRAY BEACH FL 33444 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COHEN, BERTHA F. | | NAME | | |
| STREET ADDRESS | 11 ISLAND AVE, #1404 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ENGELS, NANCY C. | | NAME | | |
| STREET ADDRESS | 8034 FISHER ISL DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33109 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ARLEN, ROBERT M. | | NAME | | |
| STREET ADDRESS | 110 E ATLANTIC AVE, #330 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | CITY-ST-ZIP | | |
| TITLE | ENGELS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ENGELS, MARTIN | | NAME | | |
| STREET ADDRESS | 8034 FISHER ISLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33109 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  | | Date: 3/16/04 | | Daytime Phone #: 305 532 2737 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |