


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2413400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARLEN, ROBERT M
 110 E ATLANTIC AVE
 330
 DELRAY BEACH, FL 33444

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGELS, NANCY C. 8034 FISHER ISL DR MIAMI, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARLEN, ROBERT M. 110 E ATLANTIC AVE, #330 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELS, MARTIN 8034 FISHER ISLAND DRIVE MIAMI, FL 33109
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 02/27/08-80010-007 61.25

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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 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #