2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001584

1. Entity Name
THE ALBERT AND SHIRLEY COHEN FOUNDATION, INC.

Principal Place of Business	Mailing Address
3802 N.E. 207TH STREET #601 NORTH MIAMI BEACH, FL 33180	3802 N.E. 207TH STREET #601 NORTH MIAMI BEACH, FL 33180

DO NOT WRITE IN THIS SPACE

04112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0906933
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THALER, MANLEY H
700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000125458
04/22/04-00036-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, ALBERT
STREET ADDRESS	3802 N.E. 207TH STREET #601
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D
NAME	COHEN, SHIRLEY
STREET ADDRESS	3802 N.E. 207TH STREET #601
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D
NAME	THALER, MANLEY H
STREET ADDRESS	700 NORTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shirley Cohen Shirley Cohen April 19, 2004 3059329595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #