## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P01000117254**

1. Entity Name COHEN COMMERCIAL REALTY, INC.



Principal Place of Business

Mailing Addres

712 U.S. HIGHWAY ONE #400 . NORTH PALM BEACH, FL 33408 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408 - FILED

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SECRETATION TAKE TALLAHASCER, FEORDA

01112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1158992 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

g J. Certinoate of otato

### 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COHEN, FRED C 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered office or	registered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE				
Signature, typed or printed name of registered agent and tate if applicable (NOTE: Registered Agent argnature required when renistang)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  1. Trust Fund Contribution.  1. Added to Fees				
10.	OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	DPS COHEN, BRYAN 712 US HWY ONE NORTH PALM BEACH, FL 33408		100054 18/11/1511/16	23 <b>3881</b> 9002 **1800.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				22 OGL #1869.0D
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT V	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		IN THIS S	PACE
TITLE NAME STREET ADDRESS 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 607, 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.

me

1/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #