

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

APPROVED AND FILED

06 MAY 10 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117254 1. Entity Name COHEN COMMERCIAL REALTY, INC.	
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Principal Place of Business 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408	Mailing Address 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1158992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	DPS COHEN, BRYAN 712 US HWY ONE NORTH PALM BEACH, FL 33408
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900075274109  
05/25/06--01024--012 \*\*750.00

**DO NOT WRITE IN THIS SPACE**

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 119, 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 #

5/17/06