

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069749

Entity Name: AARON M. COHEN, P.A.

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

500 WEST CYPRESS CREEK RD
SUITE 500
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

500 WEST CYPRESS CREEK RD
SUITE 500
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 16-1673103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, AARON M
236 VIA D'ESTE
SUITE-1406
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

COHEN, AARON M
955 NW 17TH AVENUE
UNIT D
DELRAY BEACH, FL 33445 US

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.

SIGNATURE: AARON M COHEN 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, AARON M
Address: 500 WEST CYPRESS CREEK RD SUITE 500
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON M COHEN P 01/03/2006

Electronic Signature of Signing Officer or Director Date