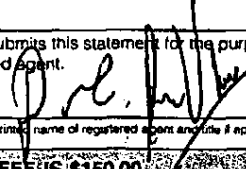
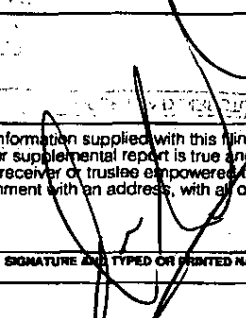


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/5/

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-05-2004 90213 049 ***150.00

DOCUMENT # P03000129594					
1. Entity Name COHEN INTERNATIONAL SERVICES & SUPPLIERS CORP					
Principal Place of Business 245 SE 1ST ST 217 MIAMI FL 33131 US			Mailing Address 245 SE 1ST ST 217 MIAMI FL 33131 US		
2. Principal Place of Business 245 SE 1ST			3. Mailing Address 245 SE 1ST		
Suite, Apt. #, etc. 206			Suite, Apt. #, etc. 206		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33131		Country USA		Zip 33131	
		Country USA		4. FEI Number 364542725	
6. Name and Address of Current Registered Agent DIEGO ALVADO SR 980 NW 135 ST NORTH MIAMI FL 33168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing. \$5.00 May Be Added to Fees.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete COHEN, JAMES 471 SW 181 AVE PEMBROKE PINES FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete COHEN, ANNA 471 SW 181 AVE PEMBROKE PINES FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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.					
SIGNATURE:  DATE 05/31/04 (954) 2612155					

66426453

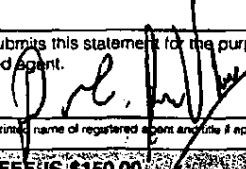


MOORE CR2E034 (11/03)

4. FEI Number **364542725** Applied For Not Applicable

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

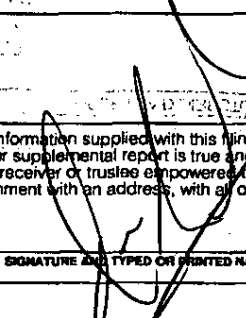
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS					
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SIGNATURE:  DATE **05/31/04** (954) 2612155