

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007706

Entity Name: COHEN AND SONS, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

1314 EAST LAS OLAS BLVD STE 1098
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1314 EAST LAS OLAS BLVD STE 1098
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 34-1977165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, BRYAN D
1314 EAST LAS OLAS BLVD STE 1098
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, BRYAN D
Address: 1314 EAST LAS OLAS BLVD STE 1098
City-St-Zip: FT LAUDERDALE, FL 33301

Title: DVP (X) Delete
Name: WOOD, WILLIAM R JR
Address: 74 LAFAYETTE RD
City-St-Zip: NORTH HAMPTON, NH 03862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRYAN D. COHEN

PRES

04/18/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date