


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90045 024 \*\*\*150.00

DOCUMENT # P99000111348					
1. Entity Name MARTIN COHEN CONSULTANTS, INC.					
Principal Place of Business 2800 WESTON RD. STE. 201 WESTON, FL 33331		Mailing Address 1063 TWIN BRANCH LANE WESTON, FL 33326			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0968215	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN COHEN 1063 TWIN BRANCH LANE WESTON, FL 33326			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May.1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	COHEN, MARTIN				
STREET ADDRESS	1063 TWIN BRANCH LANE				
CITY-ST-ZIP	WESTON, FL 33326				
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 reports 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: _____		1/30/06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	