2008 FOR PROFIT CORPORATION

Apr 16, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P99000111348 MARTIN COHEN CONSULTANTS, INC. Principal Place of Business Mailing Address 2645 EXECUTIVE PARK DR. 1063 TWIN BRANCH LANE STE. 114 WESTON, FL 33326 WESTON, FL 33331 CR2E034 (11/05) 02272008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0968215 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN COHEN DO NOT WRITE 1063 TWIN BRANCH LANE WESTON, FL 33326 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U00000900438 Trust Fund Contribution. Added to Fees <u>04/29/08-80028-014 150.00</u> 10. OFFICERS AND DIRECTORS TITLE COHEN, MARTIN NAME STREET ADDRESS 1063 TWIN BRANCH LANE WESTON, FL 33326 CITY-ST-ZIP THILE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 true employee and that my name appears in Block 10 or Block 11 in the process of the corporation of t changed, or on an all with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED