

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 167202

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: IRVING BERLIN CASUALS, INC.

**Current Principal Place of Business:**

IRVING BERLIN  
1919 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

IRVING BERLIN  
1919 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 59-0662755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, LEWIS  
1919 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020      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, LEWIS,  
Address: 1919 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VPS      ( ) Delete  
Name: COACHES, RONNA COHEN,  
Address: 1919 HOLLYWOOD BV  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SEC      ( ) Change (X) Addition  
Name: COACHES,CRAIG,  
Address: 1919 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS COHEN

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date