


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 390934 1. Entity Name 1-4-7-REALTY CORP.	
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Principal Place of Business 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	Mailing Address 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014
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**DO NOT WRITE IN THIS SPACE**

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1675159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY  
5820 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JEFFREY 5820 MIAMI LAKE DRIVE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, WILLIAM 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL
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07/10/06-80003-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 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:  WILLIAM D. COHEN 7/5/2996 305-556-4601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #