

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 005 ***150.00

DOCUMENT # 390934

1. Entity Name
1-4-7-REALTY CORP.



Principal Place of Business	Mailing Address
5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014 880 LAKEVIEW DR. MIAMI BEACH, FL 33140	5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014 880 LAKEVIEW DR. MIAMI BEACH, FL 33140

60018346



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 880 LAKEVIEW DR
5820 MIAMI LAKES DRIVE MIAMI BEACH, FL 33140
~~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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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

**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 Cohen William Cohen

2/13/07

305-556-4601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #