


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 684802	
1. Entity Name NORMAN G. COHEN, INC.	

Principal Place of Business 1801 S FLAGLER DR APARTMENT 703 WEST PALM BEACH, FL 33401-7341 US	Mailing Address 13337 PROVENCE DRIVE WEST PALM BEACH, FL 33410-1246 US
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2021077	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, JEFFREY 13337 PROVENCE DRIVE WEST PALM BEACH, FL 33410

**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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000083082 03/10/04-80025-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NORMAN G 1801 S FLAGLER DR #703 W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, JEFFREY N 13337 PROVENCE DRIVE WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COHEN, JOHN B 4724 32ND ST NW WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, NANCY COHEN 25 CENTRAL PARK WEST APT 15M NEW YORK, NY 10023
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 exemption stated in Section 119.07(3)(i), 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: 	JEFFREY N. COHEN	1/13/04 (Date)	(201) 3072644 (Telephone)
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