

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2004 8:00 am
Secretary of State

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03252004 No Chg-P CR2E034 (10/03)

DOCUMENT # 851541

1. Entity Name
M. COHEN AND SONS, INC.



Principal Place of Business
**400 REED ROAD
 BROOMALL, PA 19008**

Mailing Address
**400 REED ROAD
 BROOMALL, PA 19008**

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1660294 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**COHEN, BRUCE L.
 THE IRON SHOP
 6556 SUPERIOR AVE
 SARASOTA, FL 34231**

**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, 2004 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	P COHEN, PHILIP 256 WILTSHIRE PHILADELPHIA, PA 19096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, RONALD 204 LYNBERGH AVE. BROOMALL, PA 19008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, HOWARD 107 FARVIEW PENN VALLEY, PA 19072
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 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:

[Handwritten Signature]
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date] 4/27/04
 Date Daytime Phone # 610 544 2100