

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2005 8:00 am
Secretary of State

02-09-2005 90062 040 ***150.00

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01242005 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-1660294	
				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, BRUCE L. THE IRON SHOP 6556 SUPERIOR AVE SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name: RON CASH Street Address (P.O. Box Number is Not Acceptable): 752 Commerce Drive Ste 1-2 City: Venice FL Zip Code: 34292	
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: <i>[Signature]</i>				DATE: 03/09/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	COHEN, PHILIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME		256 WILTSHIRE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		PHILADELPHIA, PA 19096		NAME	
CITY-ST-ZIP				STREET ADDRESS	
	V	COHEN, RONALD	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		204 LYNBERGH AVE.		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		BROOMALL, PA 19008		NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	ST	COHEN, HOWARD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		107 FARVIEW		NAME	
NAME		PENN VALLEY, PA 19072		STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				NAME	
TITLE			<input type="checkbox"/> Delete	STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP				NAME	
				STREET ADDRESS	
TITLE			<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				NAME	
CITY-ST-ZIP				STREET ADDRESS	
				CITY-ST-ZIP	
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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					