

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 029 ***150.00

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**

50000296



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

23-1660294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASH, RON
THE IRON SHOP
752 COMMERCE DRIVE STE 1-2
VENICE, FL 34292**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **COHEN, PHILIP**
STREET ADDRESS **256 WILTSHIRE**
CITY-ST-ZIP **PHILADELPHIA, PA 19096**

TITLE **P** ☒ Change ☐ Addition
NAME **Allen Cohen**
STREET ADDRESS **827 Castlefinn Lane**
CITY-ST-ZIP **Bryn Mawr PA 19010**

TITLE **V** ☐ Delete
NAME **COHEN, RONALD**
STREET ADDRESS **204 LYNBERGH AVE.**
CITY-ST-ZIP **BROOMALL, PA 19008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **COHEN, HOWARD**
STREET ADDRESS **107 FARVIEW**
CITY-ST-ZIP **PENN VALLEY, PA 19072**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another fee empowered.

SIGNATURE:

Howard Cohen

SEC/TREASURER

02-26-08

6105447100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #