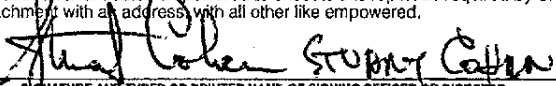


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F38661 1. Entity Name COHEN, FREEDMAN, ENCINOSA & ASSOCIATES - ARCHITECTS, P.A.		
Principal Place of Business 8085 NW 155TH ST MIAMI, FL 33016 US		Mailing Address 8085 NW 155TH ST MIAMI, FL 33016 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COHEN, STUART 8085 NW 155 ST MIAMI, FL 33016		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, 2006 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, STUART 2537 JARDIN LANE FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEDMAN, LAWRENCE 7785 S.W. 143RD STREET MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENCINOSA, GUILLERMO 9501 SW 7 STREET PEMBROKE PINES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-6-06 (305) 826-3999 Date Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2118057	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000380223
01/11/06-80005-016 150.00

**DO NOT WRITE
IN THIS SPACE**