## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F38661

FILED Jan 14, 2009 Secretary of State

Entity Name: COHEN, FREEDMAN, ENCINOSA & ASSOCIATES - ARCHITECTS, P.A.

Current Principal Place of Business: New Principal Place of Business:

8085 NW 155TH ST 8085 NW 155TH ST

MIAMI, FL 33016 US MIAMI LAKES, FL 33016 US

Current Mailing Address: New Mailing Address:

8085 NW 155TH ST 8085 NW 155TH ST

MIAMI, FL 33016 US MIAMI LAKES, FL 33016 US

FEI Number: 59-2118057 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, STUART COHEN, STUART 8085 NW 155 ST 8085 NW 155 ST

MIAMI, FL 33016 US MIAMI LAKES, FL 33016 US

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.

SIGNATURE: 01/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 COHEN, STUART,
 Name:
 COHEN, STUART,

 Address:
 2537 JARDIN LANE
 Address:
 2537 JARDIN LANE

City-St-Zip: FT LAUDERDALE, FL City-St-Zip: FT LAUDERDALE, FL 33327

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: FREEDMAN, LAWRENCE. Name: FREEDMAN, LAWRENCE.

Name:FREEDMAN, LAWRENCE,Name:FREEDMAN, LAWRENCE,Address:7785 S.W. 143RD STREETAddress:7785 S.W. 143RD STREET

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33158

Title: V () Delete Title: V (X) Change () Addition

 Name:
 ENCINOSA, GUILLERMO
 Name:
 ENCINOSA, GUILLERMO

 Address:
 9501 SW 7 STREET
 Address:
 9501 SW 7 STREET

City-St-Zip: PEMBROKE PINES, FL City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART COHEN P 01/14/2009