

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62000

FILED
Jan 17, 2006
Secretary of State

Entity Name: STANLEY L. COHEN, CPA, P.A.

Current Principal Place of Business:

ONE S.E. THIRD AVE.
10TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

19333 W. COUNTRY CLUB DRIVE
APT 2302
AVENTURA, FL 331802463

New Mailing Address:

1512 PARCHMENT COVE
TALLAHASSEE, FL 323085737

FEI Number: 59-2156630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, HARVEY
ONE SE THIRD AVE
10TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CHIOCCA, JERRY CPA
ONE SE THIRD AVE
10TH FLOOR
MIAMI, FL 33131 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: JERRY CHIOCCA

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COHEN, STANLEY L
Address: 19399 W. COUNTRY CLUB DRIVE APT. 2302
City-St-Zip: AVENTURA, FL 331832463

Title: V () Delete
Name: COHEN, SONIA
Address: 19333 W. COUNTRY CLUB DRIVE APT 2302
City-St-Zip: AVENTURA, FL 331802463

Title: ST () Delete
Name: COHEN, STANLEY L
Address: 19333 W. COUNTRY CLUB DRIVE APT.2302
City-St-Zip: AVENTURA, FL 331802463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COHEN, STANLEY L
Address: 1512 PARCHMENT COVE
City-St-Zip: TALLAHASSEE, FL 323085737

Title: VD (X) Change () Addition
Name: COHEN, SONIA
Address: 1512 PARCHMENT COVE
City-St-Zip: TALLAHASSEE, FL 323085737

Title: ST (X) Change () Addition
Name: COHEN, STANLEY L
Address: 1512 PARCHMENT COVE
City-St-Zip: TALLAHASSEE, FL 323085737

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY L. COHEN

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

Date