

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35646

FILED  
Apr 06, 2004  
Secretary of State

**Entity Name:** LAW OFFICES OF COHN, PARKER & COHN, P.A.

**Current Principal Place of Business:**

1152 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

1152 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1152 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

1152 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024

**FEI Number:** 59-2306800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHN, ALAN W.  
1152 NORTH UNIVERSITY DRIVE  
STE 201  
PEMBROKE PINES, FL 33024 US

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

COHN, ALAN W ESQ  
1152 NORTH UNIVERSITY DRIVE  
STE 201  
PEMBROKE PINES, FL 33024 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: ALAN W. COHN, ESQ

04/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTV ( ) Delete  
Name: COHN, ALAN W.,  
Address: 1152 NORTH UNIVERSITY STE 201  
City-St-Zip: PEMBROKE PINES, FL 33024 `

Title: D ( ) Delete  
Name: COHN, ALAN W.,  
Address: 1152 NORTH UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024 `

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTV (X) Change ( ) Addition  
Name: COHN, ALAN W ESQ  
Address: 1152 NORTH UNIVERSITY STE 201  
City-St-Zip: PEMBROKE PINES, FL 33024 `

Title: D (X) Change ( ) Addition  
Name: COHN, ALAN W ESQ  
Address: 1152 NORTH UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024 `

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN W. COHN

PSTV

04/06/2004

Electronic Signature of Signing Officer or Director

Date