## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35646

Entity Name: LAW OFFICES OF ALAN COHN & ANGELA COHN, P.A.

FILED Apr 25, 2005 Secretary of State

Current Princi	pal Place of Business:	New Principal Place of Business

1152 NORTH UNIVERSITY DRIVE 1152 N. UNIVERSITY DRIVE

SUITE 201 SUITE 201

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

1152 NORTH UNIVERSITY DRIVE
SUITE 201
SUITE 201
SUITE 201

PEMBROKE PINES, FL 33024 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: Name and Address of New Registered Agent:

COHN, ALAN W ESQ
1152 NORTH UNIVERSITY DRIVE
STE 201

COHN, ALAN W ESQ
1152 N. UNIVERSITY DRIVE
SUITE 201

SUITE 201

STE 201 SUITE 201
PEMBROKE PINES, FL 33024 US 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: 04/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:COHN, ALAN W ESQName:COHN, ALAN W ESQAddress:1152 NORTH UNIVERSITY STE 201Address:1152 N. UNIVERSITY DR. SUITE 201

Address: 1132 NORTH UNIVERSITY STE 201 Address: 1132 N. UNIVERSITY DR. SUITE 201

City-St-Zip: PEMBROKE PINES, FL 33024

City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: COHN, ALAN W ESQ Name: COHN, ALAN W ESQ

Address: 1152 NORTH UNIVERSITY DR Address: 1152 N. UNIVERSITY DR. SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33024 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 D 04/25/2005