

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32676

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: COHN INSURANCE GROUP, INC.

**Current Principal Place of Business:**

2383 NW 31ST ST  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2383 NW 31ST ST  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 59-2478528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHN, STEVEN M.  
2383 NW 31ST ST  
BOCA RATON, FL 33431 US

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

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: COHN, STEVEN M.,  
Address: 2383 NW 31ST STREET  
City-St-Zip: BOCA RATON, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN M. COHN

PRES

02/08/2005

Electronic Signature of Signing Officer or Director

Date