


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 004 \*\*\*158.75

<b>DOCUMENT # H99280</b> 1. Entity Name <b>THADDEUS COHEN ARCHITECT, P.A.</b>			
Principal Place of Business <b>75 NE 6TH AVENUE #219 DELRAY BEACH, FL 33483 US</b>		Mailing Address <b>75 NE 6TH AVE #219 DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>3436 GARDENVIEW WAY</b> City & State <b>TALLAHASSEE FL.</b> Zip <b>32309</b> Country		3. Mailing Address Suite, Apt. #, etc. <b>P.O. BOX 548</b> City & State <b>BOYNTON BEACH FL.</b> Zip <b>33425</b> Country	
4. FEI Number <b>59-2677848</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COHEN, THADDEUS 75 N.E. 6TH AVENUE DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3436 GARDENVIEW WAY</b> City <b>TALLAHASSEE</b> FL Zip <b>32309</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, THADDEUS 544 NW 47TH AVENUE DELRAY BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3436 GARDENVIEW WAY</b> <b>TALLAHASSEE FL. 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, SYLVIA 544 NW 47TH AVE DELRAY BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3436 GARDENVIEW WAY</b> <b>TALLAHASSEE FL. 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>THADDEUS L. COHEN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-APRIL 2005 250 559-1348</b> <small>Date Daytime Phone</small>	