

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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



**DOCUMENT # H99280**  
 1. Entity Name  
**THADDEUS COHEN ARCHITECT, P.A.**

Principal Place of Business      Mailing Address  
**75 NE 6TH AVENUE**      **75 NE 6TH AVE**  
**#219**      **#219**  
**DELRAY BEACH, FL 33483 US**      **DELRAY BEACH, FL 33483 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
**3436 GARDENVIEW WAY**      Suite, Apt. #, etc.  
**P.O. BOX 548**

03192005      Chg-P      CR2E034 (10/03)

City & State  
**TALLAHASSEE FL.**      City & State  
**BOYNTON BEACH FL.**

4. FEI Number      Applied For  
**59-2677848**      Not Applicable

Zip      Country      Zip      Country  
**32309**      **FL**      **33425**      **FL**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COHEN, THADDEUS**  
**75 N.E. 6TH AVENUE**  
**DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3436 GARDENVIEW WAY**  
 City **TALLAHASSEE**      FL      Zip Code **32309**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COHEN, THADDEUS<br>544 NW 47TH AVENUE<br>DELRAY BEACH, FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>COHEN, SYLVIA<br>544 NW 47TH AVE<br>DELRAY BEACH, FL <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>3436 GARDENVIEW WAY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TALLAHASSEE FL. 32309</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>3436 GARDENVIEW WAY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TALLAHASSEE FL. 32309</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |

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: **THADDEUS L. COHEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-APRIL 2005**      **850 599-1348**  
 Date      Daytime Phone #