

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2007
Secretary of State**

DOCUMENT# J03852

Entity Name: M. COHEN & ASSOCIATES, P.A.

Current Principal Place of Business:

New Principal Place of Business:

2101 W. COMMERCIAL BLVD.
SUITE 4800
FT. LAUDERDALE, FL 33309

Current Mailing Address:

New Mailing Address:

2101 W. COMMERCIAL BLVD.
SUITE 4800
FT. LAUDERDALE, FL 33309

FEI Number: 59-2659934 **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:

COHEN, MARK L.
5088 N.W. 98TH LANE
CORAL SPRINGS, FL 33076 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COHEN, MARSHA L
Address: 5088 N.W. 98TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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

Title: VSD () Delete
Name: COHEN, MARK L
Address: 5088 N.W. 98TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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 Chapter 119, 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: MARSHA L. COHEN

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date