

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03852

FILED  
Jan 26, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2659934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARSHA L. COHEN

PRES

01/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date