


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 015 ***150.00

| | |
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| DOCUMENT # J06326 |  |
| 1. Entity Name M. COHEN, INC. | |

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| Principal Place of Business 214 S MACDILL AVE. TAMPA, FL 33609 US | Mailing Address 214 S MACDILL AVE. TAMPA, FL 33609 US |
|---|---|

50035836



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|---|---|
| 2. Principal Place of Business 700 Dillage Sq Csg #103 Suite, Apt. #, etc. | 3. Mailing Address 700 Dillage Sq Csg #103 Suite, Apt. #, etc. |
|---|---|

04062005 Chg-P CR2E034 (10/03)

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|---|---|
| City & State Palm Beach Gardens, FL | City & State Palm Beach Gardens, FL |
| Zip 33410 | Country |
| Zip 33410 | Country |

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|------------------------------------|--|
| 4. FEI Number 59-2674024 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHONBRUN, HARVEY P 1802 N MORGAN STREET P.O. BOX 1531 TAMPA, FL 33602 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ | DATE _____ |
|-----------------|------------|

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD COHEN, MARK 214 S MACDILL AVE. TAMPA, FL 33609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S PETERSON, JUDI 11308 DONEYMOOR DR RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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|--|----------------|---------------------|
| SIGNATURE: <u>Mark L. Cohen</u> | <u>3/31/05</u> | <u>561-379-7779</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |