


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90007 034 ***150.00

DOCUMENT # J86344 1. Entity Name MARCIA S. COHEN, P.A.					
Principal Place of Business 360 CENTRAL AVE SUITE 1260 ST. PETERSBURG, FL 33701 US			Mailing Address 360 CENTRAL AVE SUITE 1260 ST. PETERSBURG, FL 33701 US		
2. Principal Place of Business 111 SECOND AVE. N.E. Suite, Apt. #, etc. SUITE 810			3. Mailing Address SAHE Suite, Apt. #, etc.		
City & State ST. PETERSBURG, FL			City & State		
Zip 33701		Country USA		4. FEI Number 59-2824080	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COHEN, MARCIA S., ESQ. 360 CENTRAL AVE, STE 1260 111 SECOND AVE NE #810 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Marcia Cohen</i></u> 2/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete COHEN, MARCIA S 111 SECOND AVE NE 360 CENTRAL AVE, STE 1260 SUITE 810 ST. PETERSBURG, FL		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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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: <u><i>Marcia Cohen</i></u> MARCIA S. COHEN 2/12/04 727/894-4446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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