


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # K41568 1. Entity Name MYRNA COHN DESIGN, INC.	
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Principal Place of Business 1211 99TH ST. BAY HARBOR ISLAND, FL 33154	Mailing Address 1211 99TH ST. BAY HARBOR ISLAND, FL 33154
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07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0084636	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, DANA
1211 99TH ST.
BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000568226
07/06/06 00014 000 150.75

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHN, MYRNA 1211 99TH STREET BAY HARBOR ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV COHN, DANA 1211 99TH ST. BAY HARBOR ISLAND, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dana Cohn* 7/3/06 305-866-6846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #