

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70853

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** COHEN'S FASHION OPTICAL OF WESTLAND, INC.

**Current Principal Place of Business:**

100 QUENTIN ROOSEVELT BLVD  
SUITE 400  
GARDEN CITY, NY 11530 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 QUENTIN ROOSEVELT BLVD  
SUITE 400  
GARDEN CITY, NY 11530 US

**New Mailing Address:**

**FEI Number:** 11-3007164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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:** BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** COHEN, ROBERT  
**Address:** 100 QUENTIN ROOSEVELT BLVD STE 400  
**City-St-Zip:** GARDEN CITY, NY 11530

**Title:** SEC  
**Name:** COHEN, ALAN  
**Address:** 100 QUENTIN ROOSEVELT BLVD STE 400  
**City-St-Zip:** GARDEN CITY, NY 11530

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:** ROBERT COHEN

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date