2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97577

FILED
Apr 28, 2009
Secretary of State

Entity Name: ARTHUR COHEN INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

% ARTHUR COHEN
7103 SW 102ND AVE, SUITE A
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

% ARTHUR COHEN
7103 SW 102ND AVE, SUITE A
MIAMI, FL 33173 US

New Mailing Address:

% ARTHUR COHEN
9900 SW 107 AVENUE SUITE 101
MIAMI, FL 33176 US

FEI Number: 65-0125843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ARTHUR
7103 SW 102ND AVE
SUITE A
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTD ( ) Delete
Name:	COHEN, ARTHUR
Address:	7103 SW 102ND AVE, SUITE A
City-St-Zip:	MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PTD (X) Change ( ) Addition
Name:	COHEN, ARTHUR
Address:	9900 SW 107 AVENUE SUITE 101
City-St-Zip:	MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR COHEN PRES 04/28/2009
Electronic Signature of Signing Officer or Director Date