## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 07, 2005 08:00 AM Secretary of State DOCUMENT # L31886 1. Entity Name TOBÝ COHEN, P.A. Principal Place of Business Mailing Address 7125 DEER POINT LANE 7125 DEER POINT LANE WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 US No Chg-P 01042005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0160447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent COHEN, TOBY DO NOT WRITE 7125 DEER POINT LANE W PALM BEACH, FL 33411 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 sont cable (NOTE, Registered Agent signature required when roinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n COHEN, TOBY NAME U00000173861 01/07/05-80035-019 150.00 STREET ADDRESS 7125 DEER POINT LANE CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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. 561-346-

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**