

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90269 005 \*\*\*150.00

**DOCUMENT # L97951**

1. Entity Name  
**LAW OFFICES OF FRED C. COHEN, P.A.**



Principal Place of Business  
**712 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**712 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0219025**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COHEN, FRED C.  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408**

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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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPT  
COHEN, FRED C.  
712 U.S. HIGHWAY ONE  
N. PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
NORRIS, DAVID B.  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
WEINBERGER, ROBERT M.  
712 HIGHWAY ONE  
NORTH PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 has 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #