2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005
Secretary of State

DOCUMENT# M81178

Entity Name: COHEN'S FASHION OPTICAL OF TREASURE COAST, 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: 11-2945118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, ROBERT
Address: 1500 HEMPSTEAD TPK
City-St-Zip: EAST MEADOW, NY

Title: S ( ) Delete
Name: COHEN, ALAN
Address: 1500 HEMPSTEAD TPK
City-St-Zip: EAST MEADOW, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, ROBERT
Address: 100 QUENTIN ROOSEVELT BLVD.
City-St-Zip: GARDEN CITY, NY 11530

Title: S (X) Change ( ) Addition
Name: COHEN, ALAN
Address: 100 QUENTIN ROOSEVELT BLVD.
City-St-Zip: GARDEN CITY, NY 11530

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT COHEN P 05/19/2005

Electronic Signature of Signing Officer or Director Date