


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90015 049 ***150.00

DOCUMENT # P00000014092

1. Entity Name
COHEN IMPORT & EXPORTS, INC.



Principal Place of Business
**15662 SW 91ST LN.
MIAMI, FL 33196**

Mailing Address
**15662 SW 91ST LN.
MIAMI, FL 33196**

40062152

2. Principal Place of Business - No P.O. Box #
14055 SW 143 CT #21

Suite, Apt. #, etc.
#21

City & State
Miami, FL

Zip
33186

Country

3. Mailing Address
14055 SW 143 CT

Suite, Apt. #, etc.
#21

City & State
Miami, FL

Zip
33186

Country



03192008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0979640

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, JEAN PAUL
15662 SW 91ST LN.
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
Cohen, Jean Paul

Street Address (P.O. Box Number is Not Acceptable)
14055 SW 143 CT #21

City
Miami

State
FL

Zip Code
33186

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 **Jean Cohen**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JEAN PAUL 15662 SW 91ST LN. MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cohen, Jean Paul 14055 SW 143 CT #21 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: **Jean Cohen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #