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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000018106 DOCUMENT # 1. Entity Name RON COHEN & COMPANY INC.

FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90165 044 ***150.00

Country Zip Country S. Certificate of Status Desired S8.75 Additional S8.75 A												
Suite, Apt. #, etc. City & State	9561 NW 18TH STREET			9561 NW 18TH STREET					- 1000000000000000000000000000000000000			
City & State City & State Desired Size and Address of New Registered Agent Name City & State Desired Size and Address of New Registered Agent Name Size and Address (P.O. Box Number is Not Acceptable) Size and Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code 8. This above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida and accepta	2. Principal P	lace of Busin	ess	3. Mailing Address								
Country Zip Country S. Certificate of Status Desired Fee Required Fee	Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES			
Country Zip Country Country St. Certificate of Status Desired \$8.75 Additional See People See	City & State			City & State				4. F	4. FEI Number 65-0986928 Applied For Not Applicable			
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COHEN, RON 9561 NW 18TH STREET PLANTATION FL 33322 City FL Zip Code 8. Thé above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplications of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LOME OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LOME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 TITLE LOME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OFF		6 Name		t Bogletered Agent			1	7 N	Name and Address of New Benister		-	
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PLANTATION FL 33322 City FL Zip Code City FL Zip Code 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 acc the obligations of registered agent. SIGNATURE Signature Signatu	·						,					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and side if applicable.								_		<u> </u>		
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed agent signature required when reinstating) Signature, typed or printed agent signature required when reinstating) Signature, typed or printed agent signature required when reinstating) Signature, typed or printed agent signature required when reinstating) Signature, typed or printed Agent signature required when reinstating) Signature, typed or printed Agent signat	· V		•	I			City			FL Zip Co	de	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D COHEN, RON 9561 NW 18TH STREET PLANTATION FL 33322 TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligati	ions of regist	ered agent.		- <u>·</u>						n, and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department	of State					Trust Fund Contribution.	Adde	ed to Fees	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information stated in Section 119.07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP					NAMI STRE CITY	E ET ADDRESS -ST-ZIP			·	Addition	

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 empoyeded 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:

S<u>ig</u>na SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR