


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000041137	
1. Entity Name COHEN / FOX P.A.	

Principal Place of Business 201 SOUTH BISCAYNE BLVD 850 MIAMI, FL 33131 US	Mailing Address 201 SOUTH BISCAYNE BLVD 850 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1001392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
201 SOUTH BISCAYNE BLVD
SUITE 850
MIAMI, FL 33131

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UNDP00226903 02/12/05-00025-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROBERT A 201 SO BISCAYNE BLVD #850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FOX, SPENCER 201 SO BISCAYNE BLVD #850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEEZEM, JAN CARSON 201 SO BISCAYNE BLVD #850 MIAMI, FL 33131
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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 exemption stated in Section 119.07(3)(f), 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 an other like empowered

SIGNATURE: Jan Carson Cheezem 2/8/05 305 702 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #