


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P0000099127 1. Entity Name COHEN VENTURES, INC.	
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FILED  
05 MAY -2 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 712 US HWY ONE STE 400 N PALM BCH, FL 33408	Mailing Address 712 US HWY ONE STE 400 N PALM BCH, FL 33408
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**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1062273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, FRED C  
712 US HWY ONE STE 400  
N PALM BCH, FL 33408

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD COHEN, FRED C 712 US HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, MYRNA 712 US HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, GREGORY R 712 US HWY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

700054233747  
05/10/05--01033--002 \*\*1800.00

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 all other like empowered.

SIGNATURE: *Fred C Cohen* 4/13/05 561.844.3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #