


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 30 AM 8:30

DOCUMENT # P00000099127  
1. Entity Name  
COHEN VENTURES, INC.



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

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number: 65-1062273  
Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 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: \_\_\_\_\_ (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	
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
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**DO NOT WRITE IN THIS SPACE**

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 reports 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 emendations.

SIGNATURE:  4/16/08 5618443600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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