

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90025 012 ***150.00

DOCUMENT # P01000047841



1. Entity Name
NEWMAN AND COHEN FINANCIAL MANAGEMENT, INC.

Principal Place of Business
2500 NORTH MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431

Mailing Address
C/O DONALD COHEN, CPA
P.O. BOX 812170
BOCA RATON, FL 33486

40010200



2. Principal Place of Business
3363 W. Commercial Blvd
Suite, Apt. #, etc.
#100

3. Mailing Address
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number
65-1104149

Applied For
Not Applicable

Zip Country
33309 USA

Zip Country

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

6. Name and Address of Current Registered Agent

NEWMAN, RICHARD
2500 NORTH MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name Richard Newman

Street Address (P.O. Box Number is Not Acceptable)

3363 W. Commercial Blvd
Suite 100

City Fort Lauderdale

FL

Zip Code 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-05

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 D ☐ Delete
NAME COHEN, DONALD
STREET ADDRESS 2500 NORTH MILITARY TRAIL SUITE 283
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☐ Delete
NAME NEWMAN, RICHARD
STREET ADDRESS 2500 NORTH MILITARY TRAIL SUITE 283
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-05 561.9899790