
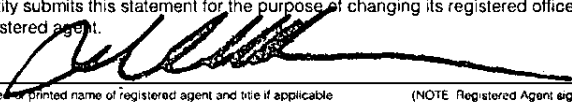
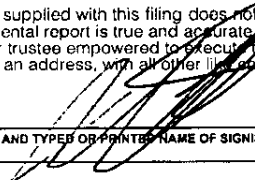


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 050 ***150.00

DOCUMENT # P01000047841 1. Entity Name NEWMAN AND COHEN FINANCIAL MANAGEMENT, INC.					
Principal Place of Business 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442			Mailing Address C/O DONALD COHEN, CPA P.O. BOX 812170 BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWMAN, RICHARD 3363 W COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) 1108 E. NEWPORT CENTER DRIVE City Deerfield Beach FL Zip Code 33442	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, DONALD		NAME		
STREET ADDRESS	3363 W COMMERCIAL BLVD, # 100		STREET ADDRESS	1108 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, RICHARD		NAME		
STREET ADDRESS	3363 W COMMERCIAL BLVD		STREET ADDRESS	1108 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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:  <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					