

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007397

FILED
Apr 12, 2005
Secretary of State

Entity Name: JACQUES COHEN FAMILY CORP.

Current Principal Place of Business:

1441 W. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1441 W. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 04-3607208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JACQUES
1441 W. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, JACQUES
Address: 1441 W. NEWPORT CENTER DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: COHEN, PHILIPPE
Address: 1441 W. NEWPORT CENTER DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES COHEN

D

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date