2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000040781  1. Entity Name SORYL COHEN, P.A.								Feb 02, 2004 08:00 AM Secretary of State				
Principal Place of Business				Mailing Address			1					
PO BOX 266 WESTON FL		25	D BOX 266425 ESTON FL 33326-6425				· · · · · · · · · · · · · · · · · · ·	(COS)		9wws 35 5001		
2. Principa! P	ace of Busir	ess	3. Mai	3. Mailing Address								
Suite, Apt. #, etc			Suit	Suite, Apt #, etc.				MOORE CR2EC	34 (11	/03)	<del></del>	
City & State			City	City & State			4. F	4. FEJ Number 01-0671613 Applied For Not Applied For			t Applicable	
Zıp	Country		Zip	Zip Co		try	5. 0	Certificate of Status Desired.	<b>\$8.</b> Fee	.75 Add Required	itional i	
	6. Name	and Address of Curre	nt Registere	ed Agent	Name	7. N	lame and Address of New Register	d Agen	st			
253	HEN, SOF 2 ROYAL STON FL	PALM WAY			Street Address	(P.O. B	iox Number is Not Acceptable)			<u> </u>		
						City			L	Zip Code	<del></del>	
			for the purp	ose of changing its	s register	ed office or registr	ered ag	ent, or both, in the State of Florida. I		iar with,	and accept	
the obligations of registered agent.  Signature breat or project or project or project plans of peasitives array and title disorticable. (NOTE Registered Agent sonature requires when repositation).  DATE												
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00								= =		<del></del>		
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.			May Be to Fees	
10.	t i ayable t	OFFICERS AN		PRS	11.	<u> </u>	AD	DITIONS/CHANGES TO OFFICERS A	ND DIF	ECTORS	IN 11	
TITLE	PD COUEN S	OPVI		☐ ()elete	TITE.	· {		Hadanananan		Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COHEN, S 2532 ROY WESTON I	AL PALM WAY		ទម		ET ABORESS •ST-ZIP		000000025822 02/03/04-80023-010 150.00		)O		
TITLE NAME	DV COHEN, M	ARTIN		☐ Delete 「I			,			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	AL PALM WAY			STREE CITY						amata — 1 A	
title Name				☐ Delele	TITU	1				Change	☐ Addition	
STREET ACORESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-Zip			·		<u> </u>	
title name				☐ Delete	TITU NAM	l				Change	Addition Addition	
STREET ADDRESS CATY-SI-ZIP			<u> </u>		1	ET ADDRESS -ST-ZIP				<del> </del>	<u></u>	
title Name				☐ Delete	THE MAM					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS - S1-ZIP						
TITLE			<u> </u>	☐ Delete	រាវប	E				Change	Addition	
NAME STREET ADDRESS					NAM SIRE	E Et address						
CITY-ST-ZIP	aneki, ibas ii	a information according to	villa Najo ESS	door not availe 5		-ST-ZIP	Pantine :	(10.07/2)(i) Florido Statutos 1 frant	cortical	hot the in	formation	
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: Soul Cohen Sout Cotto 01/30/04- 954-217-2088											- 2088	

**FILED**