


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90028 044 ***150.00

DOCUMENT # P05000017036			
1. Entity Name COUSINS & ASSOCIATES, INC.			
Principal Place of Business 2601 SOUTH BAYSHORE DR SUITE 600 MIAMI, FL 33133		Mailing Address 1300 NW 167TH STREET SUITE 3 MIAMI, FL 33169	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2601 S Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR 1300 NW 167TH STREET SUITE 3 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	D COUSINS, HERBERT JR 2601 SOUTH BAYSHORE DR., STE. 600 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COUSINS, HERBERT JR 2601 S Bayshore Drive, Ste 600 Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a change in name.			
SIGNATURE: Herbert Cousins, Jr		Date 1/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

00000001



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2362877 Applied For
Not Applicable

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