

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000040613

1. Entity Name  
ILAN COHEN ENTERPRISES, INC



**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90156 018 \*\*\*150.00

Principal Place of Business  
1020 SW 46TH AVE  
APT 206  
POMPANO BEACH, FL 33069

Mailing Address  
1020 SW 46TH AVE  
APT 206  
POMPANO BEACH, FL 33069

2. Principal Place of Business  
**20021 MONA CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address  
**20021 MONA CIRCLE**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

Zip  
**33434-5422**

City & State  
**BOCA RATON, FL**

Zip  
**33434-5422**

Country  
**US**

Country  
**US**

6. Name and Address of Current Registered Agent

COHEN, ILAN  
1020 SW 46TH AVE  
APT 206  
POMPANO BEACH, FL 33069

Name  
**(SAME)**

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

**20021 MONA CIRCLE**

City  
**BOCA RATON**

FL  
**33434-5422**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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	P COHEN, ILAN 1020 SW 46TH AVE APT 206 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(SAME)</b> 20021 MONA CIRCLE BOCA RATON, FL 33434-5422	<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
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
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
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
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 all other like empowered.

SIGNATURE: *Ilan Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-2006 954-242-5941*

Date

Daytime Phone #