


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90156 018 ***150.00

DOCUMENT # P05000040613 1. Entity Name ILAN COHEN ENTERPRISES, INC																											
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 Country US		City & State BOCA RATON, FL Zip 33434-5422 Country US																									
4. FEI Number 20-2571830		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COHEN, ILAN 1020 SW 46TH AVE APT 206 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 20021 MONA CIRCLE City BOCA RATON FL Zip Code 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>COHEN, ILAN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>1020 SW 46TH AVE APT 206 POMPANO BEACH, FL 33069</td> <td></td> </tr> </table>		TITLE	P	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		COHEN, ILAN		CITY - ST - ZIP		1020 SW 46TH AVE APT 206 POMPANO BEACH, FL 33069		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">(SAME)</td> <td style="width:40%;">NAME</td> <td style="width:40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>20021 MONA CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>BOCA RATON, FL 33434-5422</td> <td></td> </tr> </table>		TITLE	(SAME)	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS		20021 MONA CIRCLE		CITY - ST - ZIP		BOCA RATON, FL 33434-5422	
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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: <u>Ilan Cohen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>6-25-2006</u> Daytime Phone #: <u>954-242-5941</u>																									