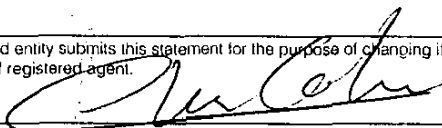
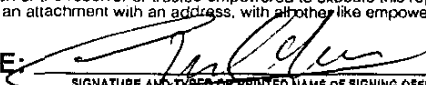


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 038 ***150.00

DOCUMENT # P05000040613 1. Entity Name ILAN COHEN ENTERPRISES, INC					
Principal Place of Business 20021 MONA CIRCLE BOCA RATON, FL 33434-5422				Mailing Address 20021 MONA CIRCLE BOCA RATON, FL 33434-5422	
2. Principal Place of Business - No P.O. Box # 313 NE 2nd Street Suite, Apt. #, etc. Apt 904 City & State Ft Lauderdale, FL Zip 33301 Country USA		3. Mailing Address 313 NE 2nd Street Suite, Apt. #, etc. Apt 904 City & State Ft Lauderdale, FL Zip 33301 Country USA			
4. FEI Number 20-2571830				Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHEN, ILAN 20021 MONA CIRCLE BOCA RATON, FL 33434-5422				7. Name and Address of New Registered Agent Name Ilan Cohen Street Address (P.O. Box Number is Not Acceptable) 313 NE 2nd Street - Apt 904 City Ft Lauderdale FL Zip Code 33301	
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:  DATE: 4-27-08 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 20021 MONA CIRCLE BOCA RATON, FL 334345422		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ilan Cohen 313 NE 2nd Street - Apt 904 Ft Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 another like empowered.					
SIGNATURE: 			Date: 4-27-08 Daytime Phone #: 954-242-5441		