2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90383 038 ***150.00

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1. Entity Name
ILAN COHEN ENTERPRISES, INC

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Principal Place of Business	Mailing Address
20021 MONA CIRCLE BOCA RATON, FL 33434-5422	20021 MONA CIRCLE BOCA RATON, FL 33434-5422

04112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
313 NE 2nd Street		313 NE 2nd Street	
Suite, Apt. #, etc. Apt 904		Suite, Apt. #, etc. Apt 904	
City & State Ft Lauderdale, FL		City & State FT Lauderdale, FL	
Zip 33301	Country USA	Zip 33301	Country USA

4. FEI Number 20-2571830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, ILAN 20021 MONA CIRCLE BOCA RATON, FL 33434-5422	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 [signature] 4-27-08
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, 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ilan Cohen 313 NE 2nd Street - Apt 904 FT Lauderdale, FL 33301	☒ 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 all other like empowered.

SIGNATURE: [signature] 4-27-08 954-242-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #