

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000079850

1. Entity Name  
JONATHAN M. COHEN, P.A.



**FILED  
Mar 13, 2006 8:00 am  
Secretary of State**

03-13-2006 90090 028 \*\*\*150.00

Principal Place of Business  
200 S. BISCAYNE BLVD  
2500 WACHOVIA FINANCIAL CENTER  
MIAMI, FL 33131-5340

Mailing Address  
200 S. BISCAYNE BLVD  
2500 WACHOVIA FINANCIAL CENTER  
MIAMI, FL 33131-5340

2. Principal Place of Business 200 S. Biscayne Blvd	3. Mailing Address 200 S. Biscayne Blvd		
Suite, Apt. #, etc. Suite 2500	Suite, Apt. #, etc. Suite 2500		
City & State Miami, FL	City & State Miami, FL		
Zip 33131-5340	Country USA	Zip 33131-5340	Country USA



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2947776	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, JONATHAN M  
200 S. BISCAYNE BLVD  
2500 WACHOVIA FINANCIAL CENTER  
MIAMI, FL 33131-5340

7. Name and Address of New Registered Agent

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	D COHEN, JONATHAN M 200 S. BISCAYNE BLVD - SUITE 2500 MIAMI, FL 331315340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Cohen 2/1/07

Date

305-374-7586  
Daytime Phone #