

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90357 005 ***150.00

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1. Entity Name
JC COHEN INVESTMENT CORP.



Principal Place of Business
22662 LEMON TREE LN
BOCA RATON, FL 33428 US

Mailing Address
22662 LEMON TREE LN
BOCA RATON, FL 33428 US

66010383



01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3793523

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, JEREMY
22662 LEMON TREE LN
BOCA RATON, FL 33428

Name

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

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

2/20/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
VP
COHEN, JEREMY
22662 LEMON TREE LN
BOCA RATON, FL 34479

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
33428

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ed Cohen VP
22662 Lemon Tree Ln
Boca Raton FL 33428

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

(561) 852-2360

Daytime Phone #