

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 008 \*\*\*158.75

DOCUMENT # P05000148370

1. Entity Name  
COHEN, INC.



Principal Place of Business  
9535 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446

Mailing Address  
9535 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446

40122390



2. Principal Place of Business - No P.O. Box #

4800 N. FEDERAL HIGHWAY

3. Mailing Address

4800 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

D 108

Suite, Apt. #, etc.

D 108

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

06252007

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR 20-375022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, HENRY

9535 BARLETTA WINDS PT  
DELRAY BEACH, FL 33446

4800 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME COHEN, HENRY  
STREET ADDRESS 9535 BARLETTA WINDS PT  
CITY-ST-ZIP DELRAY BEACH, FL 33446

☐ Delete

4800 N. FEDERAL HIGHWAY  
SUITE D 108  
BOCA RATON, FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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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: Henry COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-07 561 362 4217

Date

Daytime Phone #