2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCU 1. Entity Na COHEN		370			07-02-2007 9	0035 008 ***158	.75
9 535 BAR	ace of Business LETTA WINDS POINT ACH, FL 33446	Mailing Address 0535 BARLETTA WINDS P DELRAY BEACH, FL 3344			40122		
INCHAI DI	AN-1-25440	DELINI DEBLU, LE 1944	U		Beili biik edii bedi 13		ROMATI MITATI
2. Principa 480	Place of Business - No P.O. Box #	3. Mailing Address	ERAL HONNA	ا الله الله الأرم الأرم			
Suite, Ar	ot. #, etc. 1 08	Suite, Apt. #, etc.		06252007	Chg-P	CR2E034 (12/06)
City & St		City & State BOCA RASON	FLOK IAR	4. FEI Numb	DFOR 20 -	375072	Applied For Not Applicable
334		Zip 3343/	Country V.S. A.	Ì	of Status Desired	\$8.75 A	
	6. Name and Address of Current			7. Name and	Address of New F	Registered Agent	
COHEN	HENRY		Name				
9 535 BA	REETTAWINDSPT 4800 /	N. FEDERAL HIGH		s (P.O. Box Numb	er is Not Acceptabl	e)	
PELKAY	CBEACH, PL 33448 BOBA	RATION FG. 334.	31				
		•	City			FL Zip Co	ode
	we named entity submits this statement fo	r the purpose of changing its req	gistered office or regis	stered agent, or bo	th, in the State of Fl		h, and accept
l me opui	janons or registered agent.						
SIGNATUR	E	and little if applicable. (NOTE: Ba	egistered Agent signature requ	aired when reinstating)		DATE	
	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Trust Fund Contribu	Financing \$	55.00 May Be		DATE with s. 607.193(2)(b	
	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Trust Fund Contribu	Financing \$	55.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b not receive the pric	r notice.
	FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 OFFICERS AND	9. Election Campaign Trust Fund Contribu	Financing \$ ution. A	55.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b	r notice.
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: HACKLE HENRY COHEN	6-25-07	56, 3624217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #