

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90084 031 ***150.00

66011090



04232007 Chg-P CR2E034 (12/06)

4. FEI Number **65-1268090** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, LEONARD
3546 S OCEAN BLVD APT 924
PALM BEACH, FL 33480-5718

7. Name and Address of New Registered Agent

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COHEN, LEONARD	
STREET ADDRESS	3546 S OCEAN BLVD APT 924	
CITY - ST - ZIP	PALM BEACH, FL 334805718	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COHEN, FLORENCE	
STREET ADDRESS	3546 S OCEAN BLVD APT 924	
CITY - ST - ZIP	PALM BEACH, FL 334805718	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Leonard Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4124107 (561) 586-4245
Date Daytime Phone #

ATTACHMENT

166011646
P06000013597

Morgan Stanley

LEONARD COHEN PA
3548 SOUTH OCEAN BLVD. NO. 924
S. PALM BCH, FL 33480-6481

1834

Date 11/1/07

25-60/440

Pay to the Order of FLORIDA DEPT. OF STATE


\$ 150⁰⁰/₁₀₀

ONE HUNDRED FIFTY

00/100 Dollars

 Security Features
See back of card

Morgan Stanley DW Inc.
Palm Beach, FL 33480-6481
Columbus, Ohio 43271


Expense Analyzer

Leonard Cohen

For

