


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 030 ***150.00

DOCUMENT # P06000063319	
1. Entity Name LAW OFFICE OF MARDI L. COHEN, P.A.	

Principal Place of Business 7805 SW 6TH COURT PLANTATION, FL 33324	Mailing Address 7805 SW 6TH COURT PLANTATION, FL 33324
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40061000



2. Principal Place of Business - No P.O. Box # 600 S. Andrews Ave. Suite, Apt. #, etc. Suite 600 City & State Ft. Lauderdale, Fl Zip 33301	3. Mailing Address 600 S. Andrews Ave. Suite, Apt. #, etc. Suite 600 City & State Ft. Lauderdale, Fl Zip 33301
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02022007 Chg-P CR2E034 (12/06)

4. FEI Number 11-3778327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent COHEN, MARDI L 7805 SW 6TH COURT PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MARDI L 7805 SW 6TH COURT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 a power of attorney.

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

Date: **4-11-07** Daytime Phone #: **954-476-9100**