

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089639

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: LAW OFFICES OF WILLIAM R. COHEN, PA

## Current Principal Place of Business:

2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33431 US

## Current Mailing Address:

2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33431 US

FEI Number: 39-2060470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

1900 NW CORPORATE BLVD.  
WEST TOWER; STE. 410  
BOCA RATON, FL 33431 US

## New Mailing Address:

1900 NW CORPORATE BLVD.  
WEST TOWER; STE. 410  
BOCA RATON, FL 33431 US

## Name and Address of Current Registered Agent:

COHEN, WILLIAM R ESQ.  
2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

COHEN, WILLIAM R ESQ.  
1900 NW CORPORATE  
SUITE 324A  
BOCA RATON, FL 33431 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

06/24/2009

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COHEN, WILLIAM R  
Address: 2255 GLADES ROAD, STE. 324A  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COHEN, WILLIAM R  
Address: 1900 NW CORPORATE BLVD; WEST TOWER, STE410  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. COHEN

Electronic Signature of Signing Officer or Director

PRES

06/24/2009

Date